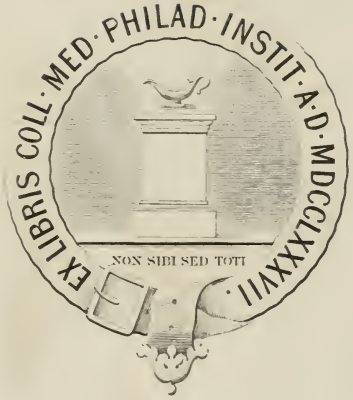
18903



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TRANSACTIONS

OF THE

Homœopathic Medical Society

OF THE

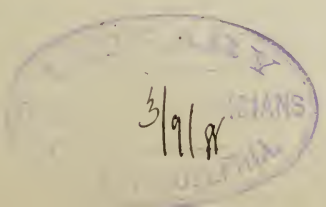
STATE OF PENNSYLVANIA.

Tenth, Eleventh, Twelfth, Thirteenth, and Fourteenth Annual Sessions.

1874-1878.

VOL. II.

PHILADELPHIA:
SHERMAN & CO., PRINTERS.
1880.



NOTE.

At the Annual Meeting held in Philadelphia, 1874, the Committee of Publication recommended "that, commencing with the Eleventh Session, the Transactions of the Society shall hereafter be paged continuously; that each volume be closed at such time as the Society may order; and that the volume commencing with the Eleventh Session shall be designated 'Volume Third' of the Transactions." *Adopted.* (See Pages 10 and 16.)

The present Committee of Publication, however, owing to the existing circumstances, decided to commence a new volume with the Tenth Session, and to designate this "Volume Second."

The Committee would recommend that Volume Third commence with the Fifteenth Annual Meeting, held September, 1879.

18903

PREFACE.

Most of the members of the Homœopathic Medical Society of Pennsylvania are cognizant of the fact that the publishing of the Proceedings of the two sessions held in 1873, ran the Society into a debt of over three hundred dollars.

This debt was paid off by contributions from members and by dues paid to the Treasurer during 1874 and 1875.

It was thought best to allow a sufficient sum of money to accumulate in the hands of the Treasurer to pay for the publishing of Transactions as the work was done, and not to have the Society again embarrassed by debt. But the Annual Meetings came with more regularity and promptitude than the annual dues, although many members paid promptly, and the Transactions became so voluminous as to give the impression that enough money could not be raised by the collecting of dues. By the time the debt was paid off, the Transactions of two years were awaiting publication, with but a small balance in the treasury. In 1876 the amount in the Treasurer's hands was not considered sufficient to pay for publishing the Transactions of the previous meetings. But at the meeting of 1877 it was deemed necessary to make an effort to publish the Proceedings and put them into the hands of the members, as it was felt that their non-appearance was a serious drawback to the interests of the Society.

To insure the successful completion of the work, R. J. McClatchey, M.D., was made chairman of the publishing committee.

The want of a necessary amount of funds in the hands of the Treasurer was a sufficient reason for the failure of the Publishing Committee to realize the expectations of the membership when progress was reported at the meeting of 1878.

The Chairman reported, however, that the committee had "prepared the minutes of the Sessions of 1874, 1875, 1876 and 1877 in brief, showing the business transacted by the Society in those years, and had made what they regarded as a judicious selection of papers for publication," discretionary power having been given them by the Society for that purpose. In concluding his report, the Chairman suggested that the Committee be continued, with power to include the proceedings of the meeting of 1878 in a manner similar to the previous years, and to complete the whole in one volume. His suggestion was acted upon by the Society and the committee continued. The papers were arranged and made ready for the printer early in 1879. Although prepared for publication the manuscripts for special reasons were not all put into the hands of the printer till in the early part of February of the present year. They were at that time placed in the hands of Drs. J. C. Guernsey and M. M. Walker, to be put through the press without delay. The work of preparing the minutes and selecting and arranging the papers was done by Drs. R. J. McClatchey, J. C. Guernsey and M. M. Walker. The largest share of the work of arranging of papers and supervising the printing, and the labor of proof-reading, has been done by Dr. J. C. Guernsey; by his persistent effort the work has been brought to a successful issue and is now presented for the consideration of those who are entitled to receive it, hoping that it may meet their approval.

The Committee of Publication desires to acknowledge the assistance of Dr. Charles Mohr in kindly preparing so full and satisfactory an index to this volume.

J. F. Cooper, M.D., Treasurer.

In behalf of the Committee of Publication,
April 1st, 1880.

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PROCEEDINGS

OF THE

TENTH ANNUAL SESSION

OF THE

HOMŒOPATHIC MEDICAL SOCIETY

OF THE STATE OF PENNSYLVANIA,

HELD IN PHILADELPHIA, OCTOBER 7TH AND 8TH, 1874.

FIRST DAY—MORNING SESSION.

The Society convened in the lower Lecture Room of the Hahnemann Medical College, at 10 o'clock, A. M., and was called to order by WM. F. SPETH, M. D., Vice-President, who read a letter from CHARLES A. STEVENS, M. D., the President, expressing regret at his inability to be present. Dr. Speth was then excused from presiding, at his request, and on motion Dr. JOHN C. BURGHER, of Pittsburg, was called to the chair.

Drs. Jos. C. Guernsey of Philadelphia, A. C. Rembaugh of Philadelphia, and F. R. Schmucker of Pittsburg were proposed for membership, and the propositions were referred to the Board of Censors.

Dr. DUDLEY, as chairman of the *Committee of Publication*, reported that the "*Transactions*" of the Eighth and Ninth Annual Sessions had been published in the usual form, and copies distributed among those entitled to receive them. The committee stated that the back volumes of the Transactions, together with those of the tenth session, when published, will make two volumes of about seven hundred pages each, and they have in course of preparation an alphabetical index of

the entire series, which it is proposed to print with the Transactions of the present session. They recommended that the Transactions of the past sessions be offered to physicians at such rates ($1) as shall secure their disposal, yet making a reasonable discrimination in favor of members not in arrears.

The committee also recommend that, commencing with the eleventh session, the Transactions of the Society shall hereafter be paged continuously; that each volume be closed at such time as the society may order; and that the volume commencing with the eleventh session shall be designated "Volume Third" of the Transactions.

The report was accepted and its recommendations were referred to a special committee consisting of Drs. J. E James, J. F. Cooper, and M. Friese.

Dr. E. A. FARRINGTON presented a report from the Hahnemann Hospital and Dispensary of Philadelphia.

The report of the Treasurer, Dr. R. J. McCLATCHEY, was presented (see page 11), accepted and referred to an auditing committee, consisting of Drs. H. N. Martin, F. R. Schmucker and Jos. C. Guernsey. A supplemental report was also read and accepted, as follows:

"The Treasurer would respectfully report that, in accordance with the resolution adopted at the last session of the Society, notice was served on all delinquents to the amount of five dollars and upwards, that if their dues were not paid within three months from the date of such notification, their names would be stricken from the list of members. The Treasurer, therefore, when the list of members went to press, struck from the roll the names of 65 delinquents. These delinquents owed an aggregate amount of $359, in sums ranging from five to fifteen dollars. There still remains unpaid, of last year's dues, by those whose names are on the roll, the sum of $92. Among the names stricken off as delinquents to the amount of five dollars and upwards are those of quite a number of persons who were elected to membership, but who have not paid even the initiation fee. It might be well for the Society to take some action to protect itself from this sort of membership.

TREASURER'S REPORT.

DR. *Robt. J. McClatchey, in account with the Homœopathic Medical Society of Penn'a.* CR.

1874		1874	
Total Cash received since last statement,	$280 00	Paid Jackson Bros., Printing Transactions,	$535 60
Cash balance in treasury Oct. 1st, 1873,	63 02	Janitor, at Harrisburg,	20 00
		Moss & Co., Stationery,	7 60
Total,	$343 02	P. Dudley, Postage, &c.	12 54
		Bryson, printing envelopes,	4 50
		M. M. Walker, postage,	1 50
		C. A. Dixon & Co.	3 00
		Jackson Bros., miscellaneous printing to Aug. 28,	32 30
		Sturgis, Binding, &c., Transactions,	25 83
		Treasurer's acct. for postage, &c.	7 20
			$650 02

Oct. 7, Balance due Treasurer this day, $307 02.

ATTEST: R. J. McCLATCHEY, TREASURER.

REPORT OF THE AUDITING COMMITTEE.

Examined and found correct.

H. NOAH MARTIN, *Ch'n.*
JOS. C. GUERNSEY,
F. R. SCHMUCKER,
} AUDITING COMMITTEE.

"The large balance due the Treasurer will no doubt strike dismay into the hearts of the faithfully paying members. The volume of Transactions represents two meetings of the Society, and two collections of dues; yet the funds were so heavily drawn on by the old debts that it was not possible to bring in a cleaner balance-sheet. The printer who prints our Transactions has a very small profit from the work, and hence it did not seem fair to compel him to lie out of his money for a long period.

"It must be obvious to all that more money must be raised annually, either by a large increase of membership, donations, or an increase in the amount of the dues, or the publication of the volumes of Transactions must be abandoned for the present. It will require almost the entire subscriptions now due to settle the Treasurer's balance."

The CENSORS reported favorably on the proposals for membership referred to them, and the physicians proposed above were then elected members.

Dr. J. F. COOPER read the report of the Allegheny County Society. The Society has adopted a rule requiring students before entering the offices of the members to study under their tutorship, to pass an examination before a committee of the Society, the standard being that recommended by the American Institute of Homœopathy.

The Society of Chester, Delaware and Montgomery counties reported through Dr. J. B. WOOD. Verbal reports were also received from the Dauphin County Society from M. FRIESE, M. D., and from the Philadelphia County Society. All these local organizations were reported to be in a flourishing condition.

Dr. H. N. MARTIN, on behalf of the Hahnemann Medical College of Philadelphia, reported that the prospects of the institution for the coming session are exceedingly flattering, while every effort is being made by the faculty to secure the best possible advantages, both in reference to the general course of study, and for special instruction in the various practical departments of medicine and surgery.

Dr. L. H. WILLARD presented the report of the Homœopathic Medical and Surgical Hospital and Dispensary of Pittsburg, which was accepted and referred to the Committee of Publication, as were also the other reports above mentioned.

The AUDITORS reported that they had examined the accounts and vouchers of the Treasurer and found them correct. Accepted and Auditors discharged. (See page 11.)

A communication from the Superintendent of the New York State Insane Asylum at Middletown, was received and referred to the Committee on Lunatic Asylums.

The report of the *Bureau of Materia Medica and Provings* was then presented by Dr. A. Korndoerfer, of Philadelphia, chairman of the bureau.

The papers were as follows: A Proving of Natrum Phosphoricum, by E. A. Farrington, M. D., which was read; A Fragmentary Proving of Sinapis nigra; a Proving of Oleum jecoris aselli; "Mel cum Sale," by Dr. Jeanes, of Philadelphia; Observations on the Use of Honey as a Medicinal Agent, by Dr. Korndoerfer. These papers were accepted and referred to the Committee of Publication.

Discussion on the Report followed.

The report of the *Bureau of Clinical Medicine and Zymoses* was next offered by the chairman of the bureau, Dr. B. W. James, of Philadelphia. The report included papers on Sciatica, by the Allegheny County Medical Society; Albuminuria, by M. Friese, M. D., of Harrisburg; Carditis, with Rheumatism, and A Case of Poisoning with Quinine, and its Treatment, by E. N. Harpel, M. D., of Shenandoah; Obscure Diseases, their Detection and Treatment, by B. W. James, M. D.

The above papers were accepted and referred to the Committee of Publication.

The Society then adjourned until 3 P. M.

AFTERNOON SESSION.

Dr. DUDLEY, the Corresponding Secretary, offered a series of amendments to the constitution and by-laws, incorporating the substance of the standing resolutions, and asked that they be referred to a committee. They were so referred, the committee consisting of Drs. R. J. McClatchey, M. Preston, and L. H. Willard.

The *Bureau of Obstetrics and Diseases of Women and Children* reported through its chairman, Dr. R. J. McClatchey. The report included papers on the following subjects:

Two hundred and four consecutive cases of Labor; by A. R. Thomas, M. D., of Philadelphia.

Post partum attention to Mother and Child; by F. R. Schmucker, M. D., of Pittsburg.

Laceration of the Perineum; by J. H. Marsden, M. D., of York Sulphur Springs.

An unusual case of Placenta Prævia; by R. J. McClatchey, M. D., of Philadelphia.

Dysmenorrhœa; by the Philadelphia County Homœopathic Medical Society.

The above papers were then discussed, accepted and referred for publication.

The Society then adjourned until 8 o'clock, P. M.

Evening Session.

Dr. J. H. Marsden, the orator of the Society, being absent, his address, which he had forwarded, was read by his alternate, Dr. J. H. McClelland, of Pittsburg. The subject was "Homœopathy, Past, Present and Future." The address was an able one. It was accepted and referred to the Committee of Publication, and the thanks of the Society were tendered Dr. Marsden for preparing the address and to Dr. McClelland for delivering it.

Dr. Wood then read a paper on Tobacco, by the Society of Chester, Delaware and Montgomery counties. The paper was accepted and referred to the Committee of Publication.

The discussion of this paper was continued at some length. The Society then adjourned till 10 o'clock the next morning.

Second Day—Morning Session.

Dr. James J. Oatman, of Ebensburg, was proposed for membership, and the proposition was referred to the Board of Censors.

Dr. M. M. Walker, the Recording Secretary, presented reports from corresponding societies, which were accepted.

He also made the following statement in reference to the correspondence of the Society.

"In accordance with a resolution passed at the last session, I have sent copies of our transactions for 1873, to and corresponded with fifteen Secretaries of the different State societies, and received in return copies of the Transactions of the New York State Homœopathic Medical Society for 1871, 1872. The Iowa and New Jersey State Homœopathic Medical Societies have each sent Transactions for 1873, while letters have been received from Dr. Paz Alvarez, of Madrid, Spain, Dr. E. U. Jones, Taunton, Mass., Dr. W. D. Anderson, New Haven, Conn., Dr. Frank L. Vincent, Troy, N. Y., Dr. J. N. Eldridge, Flint, Michigan, and Dr. G. H. Blair, Fairfield, Iowa, representatives of their respective State societies."

A long discussion ensued on the report of the Bureau of Obstetrics, participated in by Drs. Martin, B. W. James, J. N. Clark, Farrington, McClelland, Friese, Dudley, Seip, Smedley, Burgher and McClatchey.

The report of the Committee on State Lunatic Asylum was presented by Dr. J. N. Clark, of Harrisburg. Report accepted and referred to the Committee of Publication. The committee was continued.

Dr. M. MACFARLAN presented the report of the *Bureau of Surgery*. The report contained the following papers:

Hydromeningocele treated by Pneumatic Aspiration; by J. H. McClelland, M. D., of Pittsburg.

Successful Operation in Double Cataract; by Malcolm Macfarlan, M. D., of Philadelphia.

The Use of the Aspirator in Hepatic Abscess; by H. H. Hoffman, M. D., of Pittsburg.

The Treatment of Syphilis; by L. H. Willard, M. D., of Allegheny.

Topical Applications in Surgery; by J. C. Burgher, M. D., of Pittsburg.

These papers were read, accepted, and referred to the publishing committee.

The report of the bureau was followed by an interesting discussion, in which Drs. Willard, Macfarlan, McClelland, Seip, B. W. James, Burgher, Middleton, Martin, Friese, Dudley, and Korndoerfer participated. Pending the discussion, the Society took a recess until 3 o'clock, P. M.

Afternoon Session.

The discussion on the papers of the Bureau of Surgery was continued by Drs. Middleton, Seip, Williamson and others.

The committee to whom was referred the proposed amendments to the constitution and by-laws offered yesterday by Dr. Dudley, reported them back with a favorable recommendation. The proposed amendments to the by-laws were adopted, and those to the constitution went over to the next session, under the rule.

The standing resolutions were then rescinded.

Dr. J. H. Young was proposed as a member. The Censors reported favorably on the proposal of Dr. Young, and he was elected to membership.

The report of Dr. Wm. R. Childs, the Necrologist, was received. It contained memorials of the late Walter M. Williamson, M. D., of Philadelphia, and the late David R. Stouffer, M. D., of Chambersburg. The report was accepted and referred to the Committee of Publication.

The committee on the recommendations of the Committee of Publication, reported favorably thereon, and they were adopted.

Dr. Pemberton Dudley, chairman of *Bureau of Organization, Registration and Statistics*, presented the report of that Bureau. It contained "A Brief History of the Rise and Early Progress of Homœopathy in Northampton county," by Henry Detwiler, M.D., of Easton, and "A History of Homœopathy in Delaware county," by the late Walter Williamson, M. D. These papers were referred to the bureau two years ago, having been withdrawn from the Committee of Publication for that purpose. Dr. Dudley moved and the Society ordered their reference to the Committee of Publication.

The resignations of Drs. Richard Gardiner and Adolph Lippe as members were read and accepted.

The Corresponding Secretary presented various bills, which were ordered to be paid.

The editor of the *Hahnemannian Monthly* was, on motion, accorded the privilege of publishing in his journal such papers of the session as he might desire.

The following officers were elected for the ensuing year :

President—R. J. McClatchey, M. D., of Philadelphia.

First Vice-President—Jos. E. Jones, M. D., of West Chester.

Second Vice-President—H. N. Martin, M. D., of Philadelphia.

Treasurer—J. F. Cooper, M. D., of Allegheny.

Recording Secretary—M. M. Walker, M. D., of Germantown.

Corresponding Secretary—Pemberton Dudley, M. D., of Philadelphia.

Censors—M. Coté, M. D., J. E. James, M. D., J. N. Clark, M. D.

Orator—J. H. McClelland, M. D., of Pittsburg.

Alternate—E. A. Farrington, M. D., of Philadelphia.

Necrologist—W. R. Childs, M. D., of Pittsburg.

Committees.

Committee of Arrangements—The Alleghany County Medical Society.

Committee of Publication—Drs. P. Dudley, M. M. Walker, J. F. Cooper.

Delegate to American Institute of Homœopathy—J. C. Burgher, M. D.

Committee on Charter—R. J. McClatchey, M. D., Chairman.

Committee on Lunatic Asylum—J. N. Clark, M.D., Chairman.

The following were announced as composing the

Bureaus of Scientific Subjects:

Materia Medica and Provings—J. F. Cooper, M. D., Chairman, Allegheny; E. A. Farrington, M. D., Philadelphia; A. Korndoerfer, M. D., Philadelphia; M. Friese, M.D., Harrisburg; William H. Cook, M.D., Carlisle.

Clinical Medicine and Zymoses—L. B. Hawley, M. D., Phœnixville, Chairman; J. S. Rankin, M. D., Pitts-

burg; B. W. James, M. D., Philadelphia; C. P. Seip, M. D., Pittsburg; H. N. Martin, M. D., Philadelphia.

Surgery—J. H. McClelland, M. D., Pittsburg, Chairman; Malcolm Macfarlan, M.D., Philadelphia; L. H. Willard, M.D., Allegheny; A. R. Thomas, M.D., Philadelphia; John J. Detwiler, M. D., Easton.

Obstetrics and Diseases of Women and Children—John C. Morgan, M. D., Philadelphia, Chairman; W. F. Speth, M.D., Lewistown; Joseph E. Jones, M.D., West Chester; B. F. Betts, M.D., Philadelphia; J. H. Marsden, M.D., York Sulphur Springs.

Organization, Registration, and Statistics—M. M. Walker, M.D., Philadelphia, Chairman; M. S. Williamson, M.D., Philadelphia; J. H. Buffum, M.D., Pittsburg; Joseph C. Guernsey, M. D., Philadelphia; R. C. Smedley, M.D., West Chester.

Miscellaneous Subjects—C. S. Middleton, M.D., Philadelphia, Chairman; C. A. Stevens, M. D., Scranton; W. H. Bigler, M.D., Philadelphia; J. B. Wood, M.D., West Chester; John E. James, M.D., Philad'a.

Climatology—B. W. James, M. D., Philadelphia, Chairman, with power to appoint associates.

Votes of thanks were then tendered the officers of the Society, the press of Philadelphia, and the trustees of the Hahnemann Medical College of Philadelphia.

The Society then adjourned.

PROCEEDINGS

OF THE

ELEVENTH ANNUAL SESSION

OF THE

HOMŒOPATHIC MEDICAL SOCIETY

OF THE STATE OF PENNSYLVANIA,

HELD AT PITTSBURG, OCTOBER 13TH AND 14TH, 1875.

FIRST DAY—MORNING SESSION.

The Society convened in Select Council Chamber, Municipal Hall, at 10 o'clock.

The First Vice-President, Joseph E. Jones, M. D., called the meeting to order, and said: Gentlemen of the Homœopathic Medical Society of the State of Pennsylvania, it is now 10 o'clock, the time fixed for our meeting. As our worthy and highly respected President, DR. R. J. MCCLATCHEY, has been detained at home by the serious illness of his wife, it devolves upon me, your First Vice-President, to stand in his place. Just here let me make an announcement in which you are all interested. We are sorry to hear, this morning, that Dr. McClatchey's wife died of cardiac disease last night. In due time this matter will be brought before the Society.

DR. MARCELIN COTE, on behalf of the Homœopathic Medical Society of Allegheny county, then delivered the Address of Welcome.

DR. J. E. JONES, Acting President, responded to Dr. Coté's address in a brief and appropriate manner.

Dr. Jones then read the Annual Address prepared by Dr. McClatchey, and forwarded for presentation to the Society.*

Vacancies in the Board of Censors, on account of absence, were filled by appointment of the President, as follows: Dr. E. A. Farrington in the place of Dr. J. E. James, and Dr. J. H. Marsden in the place of Dr. J. N. Clark.

Dr. Pemberton Dudley moved that the recommendations and suggestions contained in the President's address be referred to a committee of three. The motion was carried, and the President appointed Dr. C. P. Seip, Dr. J. H. McClelland and Dr. M. Preston to constitute such committee.

Dr. J. F. Cooper, Treasurer, presented his report, as follows:

Treasurer's Report.

Pittsburg, October 13th, 1875.

The Treasurer's report, as submitted to this Society at the meeting of last year, showed a balance against the Society of three hundred and seven dollars and two cents.

Seventy-two dollars were raised by subscription at the meeting, and paid over to Dr. McClatchey.

Dues from members present were also paid over to him, during the meeting, to the amount of one hundred and twenty-nine dollars.

Ten dollars were paid to him also by B. W. James, M. D., and by him paid to the janitor for services at the meeting.

Of Dr. McClatchey's claim, one hundred and six dollars and two cents remained unpaid at the adjournment of the meeting.

Since coming into possession of the Treasurer's papers I have received as dues of members for the year 1874, the sum of one hundred and five dollars.

Seventeen dollars have been received as dues for 1875.

Thirty-four dollars of arrearages, due previous to 1874, have been paid to me. And since the adjournment of last year's meeting, fifty dollars have been received as donations from individual members, contributed for the payment of the Society's debt.

You will see by the statement just made, that four hundred

* The MS. of this Address was not received by the Committee of Publication.

and seventeen dollars have been received since the last Treasurer's report, from the following sources:

Dues from members,	$285.00	
Donations from members,	132.00	
Of this sum		
The Janitor at Philadelphia received,		$ 10.00
Dr. R. J. McClatchey received,		307.02
Dr. P. Dudley received,		29.12
Expenses of Treasurer,		10.93
Balance in Treasurer's hands,		59.93
		$417.00

I will here state that due diligence has been exercised for the collection of arrears from delinquent members.

A few have paid up; some deny their indebtedness; others state that they never were members.

Autograph letters were, with one or two exceptions, written to all delinquents. Only two or three were returned, showing that nearly all had been received by the parties to whom they had been sent.

J. F. Cooper, M. D., *Treasurer.*

On motion, the report was accepted and referred to an auditing committee, appointed by the President, consisting of Dr. Wm. R. Childs, Dr. C. S. Middleton and Dr. J. C. Guernsey, who subsequently submitted the following report, which was accepted; whereupon the Treasurer's Report was adopted and referred to the Committee of Publication:

Report of the Auditing Committee.

The Auditors report that they have examined the accounts and vouchers of the Treasurer, and find them correct.

Attest: Wm. R. Childs, *Ch'n.*,
Jos. C. Guernsey,
C. S. Middleton.

The President called for reports of delegates to and from other societies.

Dr. R. E. Caruthers submitted a report from the Homœopathic Medical Society of Allegheny county.

Dr. Bushrod W. James presented a report from the Hahnemann Club of Philadelphia.

Dr. H. N. Martin reported on behalf of the Philadelphia Social Medical Club.

Dr. R. E. Caruthers presented a report from the Homœopathic Materia Medica Club of Allegheny County.

Dr. J. H. Buffum reported from the Allegheny County Anatomical Society.

Reports were also received from the Philadelphia County Homœopathic Medical Society; the Homœopathic Hospital and Dispensary of Pittsburg; the Homœopathic Hospital and Dispensary of Philadelphia; the Hahnemann Medical College of Philadelphia; the American Institute of Homœopathy; the Cumberland Valley Homœopathic Medical Society; and the Chester, Delaware and Montgomery County Society.

These reports were accepted and referred.

Dr. Pemberton Dudley, from the Committee of Publication, reported that owing to the want of funds the Transactions of the last year had not been published, except that some of the papers had appeared, from time to time, during the year, in the *Hahnemannian Monthly*, the organ of the Society.

On motion, the report was accepted.

Dr. Wm. R. Childs, from the committee appointed to audit the accounts of the Treasurer, reported that they had performed that duty, and found his account correct and in accordance with his report.

On motion, the report was accepted.

On motion, the Treasurer's Report was adopted and referred.

Dr. Mahlon M. Walker presented his report as Recording Secretary.

The report was accepted and referred.

Dr. J. F. Cooper presented a report from the Committee on Subscriptions. The report was accepted and referred. It was as follows:

"This committee begs leave to report that, at the meeting in October, 1874, in Philadelphia, donations amounting to $72.00 were received from members of the Society at the meeting, and paid over to Dr. McClatchey at that time, and that since that time $50.00 have been received as donations from other members of the Society, and will be accounted for by the Treasurer.

J. F. Cooper, *Chairman.*"

Dr. M. Cote, from the board of Censors, presented the following applications for membership, with the recommendation that the persons be elected:

John C. King, M.D., Allegheny; Wm. C. Goodno, M.D., Philadelphia; R. L. Dart, M.D., Bellefonte; H. J. Gamble, M.D., Monongahela City; Millie J. Chapman, M. D., Pittsburg; Frank J. Slough, M. D., Fogelsville; T. Morris Strong, M.D., Pittsburg; W. C. J. Slough, M. D., Fogelsville; L. J. Bradford, M. D., Sylvania, Bradford Co.; Jas. L. Dunn, M.D., Conneautville; Wm. Jefferson Guernsey, M.D., Frankford, Phila.; John Dietrick, M.D., Sharpsburg; Charles Mohr, Jr. M.D., Philadelphia; C. T. Canfield, M.D., Titusville; R. Ramage, M.D., Allegheny; J. S. Skeels, M.D., Albion, Erie Co.

On motion, the physicians recommended to membership in the report of the board of Censors were duly elected.

The resignation of Dr. Benjamin Bowman, of Chambersburg, was offered and accepted.

Dr. B. W. James then arose and said: Mr. President, I desire to be permitted to make a motion in regard to our President. Just before I started from home, I received the intelligence that his wife had died a short time previously, and it seems to me but fitting that this Society should take some notice of this deep affliction of our worthy President. He has been watching by night for months over his wife, hopelessly afflicted with heart disease, and has been working during the day, both at his professional duties and as editor of the *Hahnemannian Monthly*, and has also been endeavoring to get out the Transactions of the American Institute. He has been laboring hard, and has been watching faithfully over his beloved wife, her life ebbing away, and he momentarily expecting her to be taken from him. It seems to me that this affliction coming at this time, it is appropriate that we take some action to show our sympathy. I move, therefore, that a committee consisting of the officers of this Society, be appointed to draft resolutions expressive of the feelings of the Society towards our President.

Dr. James' motion was carried unanimously.

Reports from the *Bureau of Materia Medica and Provings* were then called for.

Dr. E. A. Farrington presented a paper on Provings of Natrum Phosphoricum. In presenting the paper he said that at the last meeting of the Society he had offered a series of twelve provings that had been accepted by the Society, and he now offered seven more, making nineteen in all.

On motion, the paper was accepted and referred.

Dr. E. A. Farrington also presented a paper, entitled Calcarea carbonica and Silicia compared as Nutrition Remedies. He said that he had long believed that the only way of arriving at any approach to perfection in materia medica was by the study of drugs by comparison. He offered this paper to the Society as an invitation to the task, rather than as a model to be followed.

On motion, the paper was accepted and referred.

Dr. J. F. Cooper said that he had a series of provings of Arseniate of soda, made by the members of the Allegheny County Materia Medica Club. This club is composed of the younger graduates in our profession here, and those who are candidates for medical honors, twelve in all. Arseniate of soda is the basis of Pearson's Solution. This solution is composed of one grain of Arseniate of soda to an ounce of water The United States Pharmacopœia gives four grains of this preparation as a dose. In these provings, the preparation given was ten grains to the ounce when it came down to the crude. The attenuations, from the 30th down, were given previous to the use of the tincture. The doses given were ten drops, in tincture form, dissolved in from an ounce to two ounces of water, each time a dose was taken. Doses were all given in that way, both of the attenuation and the tincture itself. Dr. Cooper then read the record of the provings in detail.

On motion, the paper was accepted and referred.

Dr. J. F. Cooper then read a paper, written by himself, entitled Observations and Reflections upon Pharmacy.

The paper, on motion, was accepted and referred.

The Society then adjourned until 3 o'clock, P. M.

Afternoon Session.

The Society met, pursuant to adjournment, at 3 o'clock. Vice-President Dr. J. E. Jones in the chair.

The Vice-President announced reports from the *Bureau of Clinical Medicine and Zymoses* to be in order.

Dr. Walker stated that Dr. L. B. Hawley, the Chairman of the Bureau, had reported to him that he could not be present at the meeting of the Society, but said nothing about any papers or any report.

THE PRESIDENT next announced in order reports from the Bureau of Obstetrics and Diseases of Women and Children.

DR. J. H. MARSDEN presented a paper, written by Dr. J. C. Morgan, entitled "Mechanical Disorders of the Cervix Uteri."

On motion the paper was accepted and referred.

DR. J. H. MARSDEN presented a paper entitled "Toxæmic Puerperal Diseases."

Pending the conclusion of the reading of the paper—leave having been granted Dr. Marsden to finish it at the opening of the morning session of the second day—the Society adjourned, to meet at 8 o'clock in the evening, in Library Hall, to hear the annual address by Dr. J. H. McClelland.

SECOND DAY—MORNING SESSION.

The Society met at half-past nine o'clock, Vice-President Jones in the chair.

DR. B. W. JAMES.—Before we proceed to the regular order of business I desire to move that we accept and refer to the Committee on Publication the address of Dr. J. H. McClelland, delivered last night.

The motion was carried.

DR. B. W. JAMES.—I would now like to further move a vote of thanks to Dr. McClelland for his able and interesting address. I do not know when I have attended a meeting at which the audience was so attentive and appreciative, and everything passed off so finely as last night.

The motion was unanimously carried.

DR. J. H. MARSDEN then resumed and completed the reading of his paper on "Toxæmic Puerperal Diseases."

On motion the paper was accepted and referred.

DR. C. P. SEIP read a paper on "Anæsthetics in Midwifery," which, on motion, was accepted and referred.

No further papers being offered from the Bureau of Obstetrics and Diseases of Women and Children, the President declared the Bureau closed, and announced discussion of the papers presented to be in order.

DR. M. COTÉ, from the Board of Censors, presented a report recommending the following named physicians to membership:

Stephen Woods, M.D., Pittsburg; O. R. Shannon, M.D.,

Allegheny; B. F. Connell, M.D., Connellsville; J. G. Thompson, M.D., Allegheny; J. S. Crawford, M.D., Pittsburg; W. H. Kern, M.D., McKeesport.

On motion the applicants were duly elected.

Reports from the Bureau of Climatology were announced next in order.

Dr. B. W. James presented a paper, written by Dr. J. W. Allen, entitled "The Climate of the Alleghenies," which was accepted and referred.

Dr. B. W. James read a paper entitled "Climatology of Pennsylvania," which was accepted and referred.

Reports were then called for from the Bureau of Surgery, and the following papers were presented, accepted and referred:

Anæsthetics in Surgery, by L. H. Willard, M.D.

Two cases of Transfusion, by J. H. Buffum, M.D.

Fistula in Ano, by A. R. Thomas, M.D.

Foreign Bodies in the Air-Passages, by C. M. Thomas, M.D.

Housemaid's Knee, by F. A. Rockwith, M.D.

Remarks on the Treatment of Club-foot, by J. H. McClelland, M.D.

Vice-President Jones here took occasion to present the following report, which was read and unanimously adopted:

The committee appointed to prepare a minute expressive of the sense of the Society, in view of the death of the wife of our President, recommend that the Society adopt the following preamble and resolution, and that a copy of the same be forwarded to Dr. McClatchey.

Jos. E. Jones, M.D., 1st Vice-Pres.,
H. N. Martin, M.D., 2d Vice-Pres.,
M. M. Walker, M.D., Rec. Sec.,
Pemberton Dudley, M.D., Cor. Sec.,
J. F. Cooper, M.D., Treasurer,

Committee.

Whereas, Our much respected President, Dr. R. J. McClatchey, has been overtaken by a great affliction in the loss of his beloved wife, just on the eve of this session of the Homœopathic Medical Society of Pennsylvania. Therefore

Resolved, That we, as a society, tender him our sincere sympathy in his bereavement.

Dr. M. M. Walker, as Recording Secretary, presented a general report, which was read, accepted, and referred.

Dr. J. C. Guernsey presented the following report:

"The Committee on Organization, Registration, and Statistics, having resolved at their meeting to divide the work, the share allotted me was the Allentown Academy. I have been steadily working at this, and am happy to be able to report considerable progress. I fully expect, at the Centennial meeting, to give a full and reliable account of the rise, progress, and discontinuance of the Allentown Academy, or as it was called, 'The North American Academy of the Homœopathic Healing Art,' including the names of all its graduates, its publications, translations, provings, etc. Much interesting and at present wholly unknown information on these matters will thus be given the profession.

"Among many other important papers that have come to my hands, I will mention the following few:

"The original MS. of the constitution of the old Hahnemannian Society, formed at Philadelphia, April 18th, 1833, for the purpose of 'combining the operations of all the friends and admirers of Dr. Samuel Hahnemann's medical doctrines . . . . throughout the United States, into one united effort for the promulgation and prevalence thereof.' This paper is largely signed by the homœopaths of that time.

"Original MS. of the Allentown Academy diploma, in the three languages it was printed and issued—English, German, and Latin—and a bona fide copy of the same, *i. e.* an original diploma.

"Original MS. of the constitution of the Allentown Academy, bearing the date of Allentown, May 27, 1835; also a printed copy of the same, printed in Philadelphia, at No. 9 Bread Street, by J. G. Wesselhœft.

"Many old letters to the Allentown Academy Faculty.

"The original MS. of the *Inaugural Address*, by C. Hering, M.D., at the opening of the North American Academy of the Homœopathic Healing Art, delivered at Allentown, May 27, 1835.

"An original diploma of the old Northampton County Medical Society.

"The original MS. design of the Seal of the Faculty, and on Saturday last, by making a special trip to Easton for the same, I obtained the *original Seal itself.*

"As before stated, I have many other valuable archives; many more that I have seen, have been promised to me, and I expect to become possessed of much valuable matter, from sources upon which I have not yet drawn.

"In view of the above, I would offer the following:

"*Resolved*, That a Standing Committee of five, to be called the Historical Committee of the Homœopathic Medical Society of Pennsylvania, be appointed, one member for one year, one for two years, one for three years, and one for four years; and that our Corresponding Secretary be *ex-officio*, chairman of this committee. That each year hereafter one member be *elected* to this committee, whose term of office shall be four years."

On motion, the report was accepted.

After considerable discussion the resolution was referred to the Bureau of Organization, Registration, and Statistics, with instructions to the bureau to report at the afternoon session.

The Society then adjourned to meet at 3 o'clock in the afternoon.

Afternoon Session.

The Society met at 3 o'clock, pursuant to adjournment, Vice-President Jones in the chair.

Reports were called for from the Bureau of Miscellaneous Subjects. The following papers were presented, accepted and referred:

Constitutions and Constitutional Treatment, by William H. Bigler, M.D.

The Influence of Mind on the Fœtus in Utero, by C. A. Stevens, M.D.

Obscurity of Brain Diseases, by C. S. Middleton, M.D.

Hay Fever, by J. E. James, M.D.

An Ancient Prescription, by C. S. Middleton, M.D.

These papers were briefly discussed.

Dr. Wm. R. Childs, the Necrologist, then presented his report, prefacing it by the following remarks: "In making my Necrological Report I have heretofore always been in the habit of congratulating the Society upon the fact of having little to do. I would say that I hold in my hand the report of only one member deceased since our last meeting,—Dr. James H. P. Frost. That report was published in the March

number of the *Hahnemannian Monthly*, and no doubt you have all read it.

On motion, the report was accepted and referred.

The President brought before the Society certain amendments to the Constitution, proposed at the last annual meeting:

On motion, the proposed amendments were adopted, more than two-thirds of the members present having voted in the affirmative.

Dr. M. Coté presented a report from the Board of Censors, recommending J. K. Lee, M.D., of Johnstown, for membership.

On motion, the candidate was duly elected.

After some discussion Dr. J. C. Guernsey offered the following resolution, which was adopted:

Resolved, That the Bureau of Organization, Registration and Statistics be abolished, and that a Standing Historical Committee, to consist of five members, be its equivalent.

Dr. C. P. Seip, from the Committee on the President's Address, presented the following report, which, on motion, was accepted, and the resolution adopted:

Resolved, That this Society urge such of its members who are not already members of the American Institute, to forward their applications for membership previous to the meeting of the World's Convention, and urge every physician of this State to similar action.

They also recommend the appointment of a committee of five, to confer with the Executive Committee of the American Institute, with reference to any further steps deemed necessary.

Dr. M. Coté, from the Board of Censors, presented a report recommending D. M. Graham, M.D., of Braddock's Field, for membership.

The candidate was duly elected.

Dr. B. W. James.—I move that the Standing Historical Committee have power to procure a suitable box, in which may be kept the archives of the Society.

The motion was carried.

The Society then proceeded to the election of officers for the ensuing year, with the following results:

President.—Dr. Joseph E. Jones, of West Chester.

First Vice-President.—Dr. John C. Burgher, of Pittsburg.

Second Vice-President.—Dr. Caleb S. Middleton, of Philadelphia.

Recording Secretary.—Dr. Mahlon M. Walker, of Germantown.

Corresponding Secretary.—Dr. Joseph C. Guernsey, of Philadelphia.

Treasurer.—Dr. J. F. Cooper, of Allegheny City.

Orator.—Dr. E. A. Farrington, of Philadelphia.

Alternate Orator.—Dr. Henry N. Martin, of Philadelphia.

Necrologist.—Dr. Wm. R. Childs, of Pittsburg.

Censors.—Dr. M. Coté, of Pittsburg; Dr. Michael Friese, of Harrisburg; Dr. J. H. Marsden, of York Sulphur Springs.

Delegates to the American Institute of Homœopathy.—Dr. L. H. Willard, of Allegheny City; Dr. B. W. James, of Philadelphia; Dr. M. Coté, of Pittsburg; Dr. E. A. Farrington, of Philadelphia; Dr. H. W. Fulton, of Pittsburg; Dr. W. H. Kern, of McKeesport; Dr. Michael Friese, of Harrisburg; Dr. Owen B. Gause, of Philadelphia; Dr. J. H. McClelland, of Pittsburg.

A number of bills were presented, which were ordered to be paid.

The President then announced the following appointments:

Bureau of Materia Medica.—E. A. Farrington, M.D., J. F. Cooper, M.D., H. N. Martin, M.D., A. P. Bowie, M.D.

Bureau of Clinical Medicine.—J. E. James, M.D., C. F. Bingaman, M.D., J. B. Wood, M.D., D. Cowley, M.D., C. S. Middleton, M.D.

Bureau of Surgery.—L. H. Willard, M.D., C. Thomas, M.D., J. H. McClelland, M.D., J. L. Dunn, M.D., J. J. Detwiller, M.D.

Bureau of Obstetrics.—M. Coté, M.D., J. H. Marsden, M.D., B. F. Betts, M.D., C. P. Seip, M.D., C. S. Middleton, M.D.

Bureau of Miscellaneous Subjects.—M. Preston, M.D., W. F. Speth, M.D., W. H. Cooke, M.D., L. B. Hawley, M.D., W. H. Bigler, M.D.

Bureau of Climatology.—B. W. James, M.D., J. W. Allen, M.D., J. W. Brickley, M.D., W. J. Blakeley, M.D., C. A. Stevens, M.D.

Historical Committee.—J. C. Guernsey, M.D., T. L. Bradford, M.D., J. H. Buffum, M.D., H. S. Reinhold, M.D., M. M. Walker, M.D.

Dr. J. H. McClelland moved that a Standing Committee of five members on legislation be appointed, to have charge of all matters coming before the Legislature in which the Society is concerned.

Dr. H. N. Martin moved to amend by making the number three instead of five.

Dr. McClelland accepted the amendment, and the motion was carried. The Chair appointed, to constitute the committee, Dr. J. N. Clark, of Harrisburg; Dr. J. H. McClelland, of Pittsburg; Dr. Robert J. McClatchey, of Philadelphia.

On motion of Dr. Wm. R. Childs, a vote of thanks was tendered to Councils, and through them to the city of Pittsburg, for their kindness in extending to the Society the use of their chamber, in which to hold its Sessions.

On motion of Dr. B. W. James, a vote of thanks was tendered to the newspapers of Pittsburg for their full and satisfactory reports of the proceedings of the Society.

On motion of Dr. B. W. James, the members of the Society residing in Harrisburg were appointed to constitute the Committee of Arrangements for the next annual session.

Dr. J. C. Guernsey.—I move that a vote of thanks be tendered to Dr. Jones for the admirable manner in which he has discharged the duties devolved upon him as presiding officer.

Carried.

Dr. B. W. James.—I move that a hearty vote of thanks be tendered to our Secretaries for the faithful and intelligent manner in which they have discharged their duties, and especially to Dr. Pemberton Dudley, the retiring Secretary.

Carried.

Dr. C. S. Middleton.—I move that a vote of thanks be extended to the Committee of Arrangements.

Carried.

The Society then adjourned, to meet at 10 o'clock, A. M., in Harrisburg, on the Second Wednesday in October, 1876.

PROCEEDINGS

OF THE

TWELFTH ANNUAL SESSION

OF THE

HOMŒOPATHIC MEDICAL SOCIETY

OF THE

STATE OF PENNSYLVANIA,

HELD AT HARRISBURG, SEPTEMBER 27TH AND 28TH, 1876.

FIRST DAY—MORNING SESSION.

THE Society was called to order at 10 o'clock, by the President, Joseph E. Jones, M.D., of West Chester, who opened the proceedings by delivering an appropriate address.

The names of Dr. J. W. Bechtel, of Harrisburg, and Dr. Frank J. Slough, of Allentown, were presented for membership, and were referred, under the rules, to the Board of Censors.

Drs. J. E. James and L. H. Willard were appointed to act on the Board of Censors.

DR. L. H. WILLARD reported in behalf of the delegates to the American Institute of Homœopathy and The World's Homœopathic Convention.

DR. J. E. JAMES reported, in behalf of the Hahnemann Medical Club of Philadelphia, that that association was in a flourishing condition.

DR. J. H. MCCLELLAND, of Pittsburg, reported on behalf of the Homœopathic Medical Club of Allegheny Co., and of the Anatomical Society of Allegheny.

DR. L. H. WILLARD, of Allegheny, reported as a delegate from the Homœopathic Hospital and Dispensary of Pittsburg,

that that institution was in a prosperous condition, several thousand prescriptions having been made in the dispensary, while a large number of non-contagious medical and surgical diseases were successfully treated in the hospital.

Dr. W. R. Childs, of Pittsburg, then presented a report from the Homœopathic Medical Society of Allegheny County.

Dr. B. W. James, of Philadelphia, presented the report of the Philadelphia County Homœopathic Medical Society.

Dr. J. N. Clark reported on behalf of the Dauphin County Homœopathic Medical Society.

Dr. J. C. Guernsey reported in behalf of the Committee of Publication.

On motion, it was ordered that duplicate back numbers of the Transactions of the Society be used to complete sets to be given to new members.

Dr. B. W. James, of Philadelphia, then presented a report from the Bureau of Climatology. He regretted that he had received no report from members of the bureau, and had nothing to offer save a paper written by himself. Dr. James then read his paper, which was, on motion, accepted and referred to the Committee of Publication.

Dr. J. P. Dake, of Nashville, Tenn., an honorary member of the Society, who was present, being called upon for some remarks, said that it afforded him much pleasure to meet with the Society, and he felt honored by membership in it. He then proceeded to say that, concerning the prevention of disease, in a little paper written by a very intelligent lady patient of his, the theory is advanced that cholera and other diseases produced by an animalcule can be checked or prevented by the concussion of the atmosphere, as by the explosion of powder. A train of powder fired in a room containing mosquitoes will kill the insects. She says cholera has prevailed in manufacturing places when the shops and mills were not in operation. When cholera visited Pittsburg in 1850 and 1854, at which time it was exceedingly fatal, the factories and rolling-mills were suspended for repairs, as is usual every summer. This fact may or may not have a bearing on this theory. I simply mention the fact, leaving you to verify or falsify it by your observations in the future.

Dr. L. H. Willard asked Dr. B. W. James at what temperature variola would be destroyed.

Dr. B. W. James.—I do not know. My theory is to submit all contagions to a high degree of temperature, thus pre-

venting their further spread. It seems to be very easy to stamp out Yellow Fever, and it should be tried. I think the heat theory has never been tested. I think two hundred degrees of heat would destroy the contagious principle. You know how easily vaccine matter is destroyed by heat.

Dr. L. H. Willard.—I referred to its prevention, and not to stopping its spread. One hundred degrees is not sufficient, as we see small-pox raging in the summer heat.

Dr. James.—It must be a higher temperature than that of the body to destroy the germ.

Dr. Isaac Lefevre.—I lived in Newport, about twenty miles above Harrisburg, and before the railroad was built it was noted as being a very unhealthy town, abounding in fevers. The construction of the railroad filled up some swamps and marshes, but since then the health of the place has been much improved. But little fever has since prevailed. Perhaps this is due to the atmospheric concussion produced by the running of the trains.

Dr. J. P. Dake.—I believe in heat as a disinfectant. During the last four years I have had two special cases of small-pox, in a crowded part of a street where isolation was difficult. In these cases I ordered that all articles, before removal from the room, should be subjected to a very high degree of heat and moisture. It is not heat alone, but heat combined with moisture, that destroys vaccine virus or variola poison, and this destruction is the result of fermentation and chemical change.

After the patients had left their sick-rooms, I directed the rooms to be closed and subjected to the very highest heat possible, with moisture; and in one house, heated by a furnace, I had a wet cloth hung near the register. Contagion, I think can be destroyed with heat and moisture, and infected bedding or clothing might be safely used, if previously subjected to a high degree of heat and moisture.

Dr. J. H. McClelland thought dynamite a useful agent in producing concussion.

Dr. B. W. James, in referring to the effect of soil as a disease producer, spoke of a street in West Philadelphia, on the side of a hill, which was free from all kinds of fever for the space of two blocks, until, a sewer being run through, the earth was thrown up under the trees at each side of the street, near the fences; soon after, there was much typhoid, remittent and intermittent fever, and this region continued very unhealthy

for weeks, until the soil was thrown back, when the sickness at once diminished. He thought this a direct effect from the upturned soil.

Dr. J. N. Clark, of Harrisburg, said that while he was a prisoner of war at Andersonville, where there was great heat and moisture, he had noticed the absence of variola, where there was so much sickness.

There were 33,000 men in the prison-pen, and in June of 1864 there were twenty-five days of moist and rainy weather, while in July and August it was extremely hot. Of the 12,000 who died during that summer, he did not hear of one death caused by variola, nearly all the deaths being from dysentery or scurvy.

Men lay beside their fecal matter. One-third of the prison consisted of a pond, which was crowded every day by those who had dysentery—some running twenty or thirty times daily—and the men lay there dying, and their bodies were being eaten by maggots before they were carried away. While here were all the elements to produce animalculous disease, the reports say that the mortality was from dysentery and scorbutus.

On motion, the bureau was closed.

On motion of Dr. J. E. James, the recommendation of the President that discussion should follow the reading of each paper, was adopted.

The report of the *Bureau of Clinical Medicine and Zymoses* was presented by the chairman, Dr. J. E. James, of Philadelphia.

The report included the following papers:

On Ventilation; by J. B. Wood, M.D., of West Chester.

On Typhoid Fever; by J. B. Wood, M.D., of West Chester.

Cochineal in Spasms, and Grindelia robusta in Asthma; by David Cowley, M.D., of Pittsburg.

The Remote and Reflex Symptoms produced by Uterine Disease; by R. J. McClatchey, M.D., of Philadelphia.

Homœopathic Treatment in the Prodromic Stage of Dementia Paralytica; by S. Lilienthal, M.D., of New York city.

Ignatia in Diphtheria; by H. N. Guernsey, M.D., of Philadelphia.

A Case of Abdominal Dropsy; by W. R. Childs, M.D., of Pittsburg.

A Case of Nasal Catarrh; by M. Friese, M.D., of Harrisburg.

Clinical Observations on Viburnum Prunifolium; by J. E. James, M.D., of Philadelphia.

The above papers were all read and, after brief discussion, were referred to the Committee of Publication.

A special vote of thanks was tendered Dr. Lilienthal for his very valuable paper on Dementia Paralytica.

The Society then adjourned, to meet at three o'clock in the afternoon.

Afternoon Session.

The Society met pursuant to adjournment, the President in the chair.

Dr. C. P. Seip, of Pittsburg, in the absence of the chairman of the bureau, presented the report and papers of the *Bureau of Obstetrics*. The papers were as follows:

On the Extraction of the Fœtus with Obstetric Forceps; by J. H. Marsden, M.D., of York Sulphur Springs.

Puerperal Fever; by H. N. Guernsey, M.D., of Philadelphia.

Injections of Water in Uterine Displacements; by J. C. Morgan, M.D., of Philadelphia.

A Case of Craniotomy; by L. H. Willard, M.D., of Allegheny City.

The Induction of Premature Labor; by H. H. Hoffman, M.D., of Pittsburg.

The Value of Cimicifuga racemosa in Pregnancy, Parturition, and concomitant conditions; by C. S. Middleton, M.D., of Philadelphia.

Adherent Placenta; by C. P. Seip, M.D., of Pittsburg.

Reflex Symptoms of Uterine Affections; by B. F. Betts, M.D., of Philadelphia.

The above papers were read, discussed and referred to the Committee of Publication.

Dr. E. A. Farrington, of Philadelphia, chairman of the bureau, then presented the report of the *Bureau of Materia Medica and Provings*. He regretted that he had but one paper to present, which was as follows, viz.:

A Proving of Amorphous Phosphorus; by H. Noah Martin, M.D., of Philadelphia.

Dr. Farrington then read Dr. Martin's paper, which was on motion accepted and referred to the Committee of Publication, and there being no discussion, the bureau was declared closed.

On motion, the Bureau of Clinical Medicine was reopened, for the reception of a paper by the Allegheny County Medical Society, on Pneumonia.

The above paper was accepted and appropriately referred.

The Board of Censors recommended Drs. L. G. Van Scoyer, Charles Fager, and Howard Cheyney for membership, and for honorary membership Drs. S. Lilienthal, of New York, and Samuel A. Jones, of Ann Arbor, Michigan.

On motion, the above gentlemen were elected.

On motion, the Society then adjourned, to meet on Thursday morning, at nine o'clock.

Second Day—Morning Session.

The Society reconvened at nine o'clock, and was called to order by the President.

On behalf of the *Bureau on the History of Homœopathy in Pennsylvania*, Dr. J. C. Guernsey reported progress, and stated that the various reports regarding the growth of homœopathy in this State would eventually be published in pamphlet form.

On motion, this report was accepted.

The Bureau of Materia Medica was then reopened, and Dr. Farrington presented and read a paper prepared by Dr. A. P. Bowie, of Uniontown, Pa., on Applied Materia Medica.

On motion, the further consideration of the report of the Bureau of Materia Medica was postponed.

Dr. J. F. Cooper, the Treasurer, then submitted his annual report.*

On motion, the report was referred to the following committee of auditors appointed by the chair: Drs. J. C. Guernsey and W. R. Childs.

On motion, the stenographer's bill, as paid by the Treasurer, was approved by the Society.

* See report of Treasurer, 1877.

On motion, the Committee on Legislation were requested to report.

Dr. J. H. McClelland then made a verbal report, which was accepted.

Dr. J. H. McClelland then read a paper by Dr. D. Cowley, in relation to the passage of a law for the security and speedy collection of physicians' claims.

On motion, the paper was referred to the Committee on Legislation.

The consideration of the report of the Bureau of Materia Medica was then resumed.

Dr. J. F. Cooper then presented, as a contribution from the Allegheny County Materia Medica Club to the State Society, the following proving of Arseniate of Soda, which he said has been twice proven by the original provers.

On motion, the thanks of the Society were tendered to Dr. Cooper and to the Allegheny County Medical Club, for this very valuable proving.

Dr. C. Preston suggested that some means be taken for the publication of the proving.

Dr. McClelland stated that Drs. Cooper and McClatchey were arranging the paper for the *Hahnemannian Monthly.*

Dr. McClatchey stated that a brief synopsis had already appeared in that journal, and that he intended to publish it entire, devoting sixteen pages a month to that purpose.

The report of the *Bureau of Surgery* was then presented by the chairman, Dr. L. H. Willard, who announced the following papers:

Plaster of Paris Jacket in Diseases of the Spine; by J. H. McClelland, M.D., of Pittsburg.

Strangulated Hernia; by W. J. Guernsey, M.D., of Frankford.

Conservative Treatment of Compound Fractures; by C. M. Thomas, M.D., of Philadelphia.

A Case of Spurious Hermaphrodism; by B. F. Betts, M.D., of Philadelphia.

Galvano-cautery in Surgery; by J. H. Buffum, M.D., of Pittsburg.

Neurectomy of the Supraorbital Nerve for the Cure of Neuralgia; by L. H. Willard, M.D., of Allegheny City.

These papers were read, briefly discussed, and referred to

the Bureau of Surgery, and the bureau was then declared closed.

The report of the *Bureau of Miscellaneous Subjects*, consisting of the following papers, was then presented by the chairman, Dr. M. Preston:

The Progress of Homœopathy; by A. Lippe, M.D., of Philadelphia.

What I Know about Tobacco; by J. B. Wood, M.D., of West Chester.

Hydrophobia; by W. F. Speth, M.D., of Lewistown.

Potency; by C. Preston, M.D., of Chester.

Infantile Marasmus; by L. Hoopes, M.D., of Phœnixville.

The Doctrine of Chronic Miasms on the Bodily Constitutions; by M. Preston, M.D., of Norristown.

Dr. Wood's paper on Tobacco was withdrawn, as was Dr. Hoopes's on Infantile Marasmus.

Dr. J. C. Guernsey then read Dr. Lippe's paper on the Progress of Homœopathy.

The remaining papers of the bureau were read, and after a brief discussion were referred to the Committee of Publication.

Dr. W. R. Childs, Necrologist, then presented his annual report.

Dr. Childs also submitted a paper on Belladonna *vs.* Opium.

Dr. M. M. Walker presented a report from the Homœopathic Hospital of Philadelphia, which was accepted and referred.

On motion, the editor of the *Hahnemannian Monthly* was granted the privilege of making selections from the papers of the State Society, for publication in his journal.

On motion, it was voted that the report of the Necrologist be presented, hereafter, at the first session of each annual meeting.

On motion, it was decided to send a copy of the Transactions of the Society to the Ann Arbor University.

On motion, the Treasurer was instructed to purchase a copy of the Proceedings of the late session of the American Institute of Homœopathy, and to deposit it, with the compliments of the Society, with the State Librarian.

On motion, it was ordered that the complete Transactions of this Society be deposited with the State Librarian.

On motion, a vote of thanks was tendered to the editors of the *Telegraph* and *Morning Patriot*, of Harrisburg, for their full and satisfactory reports of the proceedings of the Society.

On motion, a vote of thanks was tendered to the Dauphin County Medical Society, for providing such excellent arrangements for the present meeting.

On motion, a vote of thanks was also extended to the officers of the Society for the faithful performance of their duties.

Dr. R. J. McClatchey called attention to that paragraph in the By-Laws, providing, "That the President, at the opening of the Convention, deliver an address upon the progress of medicine during the preceding year." He said his object was to have this address thus delivered by the President of the Society, and do away with a public address.

On motion, the office of Orator was discontinued.

The Society then proceeded to the election of officers for the ensuing year, with the following result:

President.—J. C. Burgher, M.D., Pittsburg.

First Vice-President.—L. H. Willard, M.D., Allegheny.

Second Vice-President.—John E. James, M.D., Philadelphia.

Recording Secretary.—M. M. Walker, M.D., Germantown.

Corresponding Secretary.—Joseph C. Guernsey, M.D., Philadelphia.

Treasurer.—J. F. Cooper, M.D., Allegheny.

Necrologist.—W. R. Childs, M.D., Pittsburg.

Censors.—M. Friese, M.D., Harrisburg; J. B. Wood, M.D., West Chester; B. F. Betts, M.D., Philadelphia.

Bureaus of Scientific Subjects.

Clinical Medicine and Zymoses.—Drs. Coates Preston, Hoffman, Martin, Carmany, and Wood.

Obstetrics and Diseases of Women and Children.—Drs. McClatchey, Seip, Marsden, M. Preston, and O. B. Gause.

Surgery.—Drs. J. H. McClelland, L. H. Willard, John E. James, J. H. Buffum, and W. J. Guernsey.

Materia Medica and Provings.—Drs. J. F. Cooper, E. A. Farrington, H. N. Guernsey, S. T. Charlton, and L. B. Hawley.

Climatology.—Drs. Bushrod W. James, J. H. Marsden, J. Morris Strong, M. Friese, and A. P. Bowie.

Miscellaneous Subjects.—Drs. W. R. Childs, C. S. Middleton, W. H. Cook, C. F. Bingaman, and Robert Mercer.

Committees.

Committee of Arrangements.—Philadelphia County Medical Society.

Committee of Publication.—M. M. Walker, M.D., J. C. Guernsey, M.D., and J. F. Cooper, M.D.

Committee on Subscription.—J. F. Cooper, M.D.

Committee on Legislation.—Drs. I. N. Clark, McClelland, and Dake.

Historical Committee.—J. C. Guernsey, M.D., J. F. Slough, M.D., J. H. Buffum, M.D., H. S. Reinhold, M.D., and M. M. Walker, M.D.

Delegates to other Medical Organizations.

Delegates to American Institute.—Drs. Burgher, B. F. Betts, W. J. Guernsey, I. Lefever, T. Pratt, Caruthers, and W. H. Cook.

The Society then adjourned, to meet at Philadelphia on the first Wednesday in October, 1877, at ten o'clock, A.M.

PROCEEDINGS

OF THE

THIRTEENTH ANNUAL SESSION

OF THE

HOMŒOPATHIC MEDICAL SOCIETY

OF THE

STATE OF PENNSYLVANIA,

HELD IN PHILADELPHIA, OCTOBER 3D AND 4TH, 1877.

THE Society convened in its Thirteenth Annual Session, in the Hahnemann Medical College of Philadelphia, on Wednesday, October 3d, 1877.

The Society was called to order at ten o'clock, A.M., by the President, Dr. J. C. Burgher, of Pittsburg, who then delivered an able

ANNUAL ADDRESS,

from which the following brief abstract is presented:

"It is worthy of note that the literature of the 'old school' is gradually, but no less certainly, becoming more and more palatably seasoned with the therapeutic principles of the new method. Its pharmacodynamics have been enriched by our physiological provings, and its practice improved by the substitution of the small for the massive doses, and in many instances the single remedy for the compound mixture. As an evidence that small doses are gradually taking the place of large ones, it is only necessary to instance the employment of gelatin-coated pills and granules, so extensively advertised in old-school medical journals. Our

hospitals are all in a prosperous condition. Since our last meeting two homœopathic hospitals for children have been established in Philadelphia, and are now in successful operation. All the general hospitals under homœopathic management are in a thriving condition, from the State Homœopathic Asylum for the Insane, located at Middletown, N. Y., to the smallest institution in the country employing homœopathic treatment. The accessions to our professional ranks the past year were, in round numbers, three hundred regular graduates of homœopathic colleges, besides an indefinite number of volunteer recruits from the old school. The sentiment is rapidly and properly gaining public favor, that good qualities and superior attainments, rather than large numbers and inferior acquirements, are to be sought in supplying the demand for homœopathic physicians."

On motion, a vote of thanks was tendered the President, and a committee of three, consisting of Drs. Pemberton Dudley, James B. Wood, and Jos. E. Jones were appointed to take into consideration the suggestions contained in the address, and report thereon to the Society.

The roll was then called by the Recording Secretary, when it was found that a large number of members were present. A number of visitors were also present, who were invited to take part in such discussions as might ensue.

A number of propositions for membership were then submitted and referred to the Board of Censors.

J. F. Cooper, M.D., of Allegheny, Treasurer, then submitted the following:

Treasurer's Report.

At the time of making the last two reports a note of the footing was forgotten. I consequently here report the whole amount received since I became Treasurer.

Received as dues from members, . . .	$562 00	
Received as donations, ...	165 00	
Received in all, ...		$727 00
Disbursed as per vouchers, ...		402 78
Leaving a balance in hand of . .		$324 22

By the above report it will be seen that of the amount collected, the sum of $165.00 was collected and accounted for by the Treasurer as subscriptions to the Society.

The report of the Treasurer was on motion accepted and referred to an Auditing Committee, who subsequently reported that they had examined the accounts and vouchers of

the Treasurer and had found his report correct; whereupon the report was adopted and referred to the Committee of Publication.

Reports were then received from the following societies:

Report of the Philadelphia County Homœopathic Medical Society, by R. J. McClatchey, M.D., delegate.

Report of the Allegheny County Homœopathic Medical Society, by C. P. Seip, M.D., delegate.

Report of the Hahnemann Club of Philadelphia, by J. G. Houard, M.D., delegate.

Report of the Materia Medica Club of Allegheny County, by J. F. Cooper, M.D., delegate.

Report of the Anatomical Club of Allegheny County, by J. H. McClelland, M.D., delegate.

Report of the Homœopathic Medical Society of Chester, Delaware, and Montgomery Counties, by J. B. Wood, M.D., delegate.

Committee of Publication.

The Committee of Publication then submitted the following report:

Your Committee of Publication would respectfully report that the Transactions of the sessions of 1875 and 1876 have not been printed as yet, owing to a lack of funds in the Treasury of the Society. Many of the most important papers offered at the two sessions named have, however, reached the profession through the pages of the *Hahnemannian Monthly*, the Society's recognized organ.

J. F. Cooper,
M. M. Walker,
J. C. Guernsey.

Report of the Recording Secretary, etc.

M. M. Walker, M.D., Recording Secretary, submitted a lengthy report, showing correspondence with a number of State societies, and also that in many of the States, particularly those of the South, no State organization existed. The report was accepted and appropriately referred.

Reports were then presented from the following Institutions:

A. R. Thomas, M.D., Dean of the Hahnemann Medical College of Pennsylvania, presented a report from that insti-

tution, which showed a large class of students in attendance, larger than heretofore, and stated that increased facilities for acquiring a complete medical education would be afforded during the present session, with the prospect of the establishment ere long of a larger, more commodious, and more complete college and hospital building.

W. R. Childs, M.D., of Pittsburg, submitted the report of the Pittsburg Homœopathic Hospital and Dispensary, showing that institution to be in an exceedingly prosperous condition.

Reports were likewise received from the Children's Homœopathic Hospital of Philadelphia, and the Pennsylvania Homœopathic Hospital for Children, showing these institutions to be in good condition and doing good work in their several locations. These reports were accepted and referred.

Committee on Legislation.

Dr. J. H. McClelland, of Pittsburg, chairman of the Committee on Legislation, submitted the following report, in behalf of the committee, which was accepted and referred to the Committee of Publication.

The committee reports the passage of a bill by the last legislature in reference to the registration of medical practitioners. Your committee were consulted in regard to the matter by members of the legislature, and as nothing was contained in the bill inimical to the interests of regular practitioners, homœopathic or allopathic, the bill was indorsed and became a law.

The bill creating a State board of health was defeated, not because such legislation is in itself injurious, but because the bill as prepared was defective and did not meet the demands of the case.

Your committee has carefully scanned all bills of a medical character.

Election of Members.

The Censors reported favorably upon the following applicants for membership, and they were unaminously elected to membership:

C. B. KNERR, M.D., Philadelphia, Penna.
W. H. G. GRIFFITH, M.D., Hubnersville Bucks County, Penna.
MARIA N. JOHNSON, M.D., Philadelphia, Penna.
WM. H. MALIN, M.D., Chestnut Hill, Penna.
WM. M. GRIFFITH, M.D., Philadelphia, Penna.
C. VAN ARTSDALEN, M.D., Shoemakertown, Montgomery County, Penna.
WM. J. MARTIN, M.D., Pittsburg, Penna.
EDMUND J. LEE, M.D., Philadelphia, Penna.
W. H. WINSLOW, M.D., Philadelphia, Penna.
WM. GRUMBEIN, M.D., Annville, Lebanon County, Penna.
C. M. THOMAS, M.D., Philadelphia, Penna.
Z. T. MILLER, M.D., Allegheny City, Allegheny County, Penna.
J. A. BULLARD, M.D., Wilkesbarre, Luzerne County, Penna.

LEWIS H. WILLARD, M.D., of Allegheny, stated that he had prepared a paper on the Use of the Dental Engine in Surgery, which would be presented with the papers of the Bureau of Surgery, but he was desirous of showing the Society the practical workings of the engine, and suggested that an adjournment to the amphitheatre of the College would give him an opportunity to exhibit the instrument on a case of caries. The Society, therefore, at Dr. Willard's suggestion, assembled in the amphitheatre for the above purpose; after which an adjournment was had until 3 o'clock in the afternoon.

AFTERNOON SESSION.

The Society was called to order at 3 o'clock, by the President, who announced that the first business in order would be the presentation of the report of the

Bureau of Clinical Medicine and Zymoses.

COATES PRESTON, M.D., of Chester, chairman of the bureau, announced the following papers:

Opium in Intestinal Ulceration, by C. E. Toothaker, M.D., of Philadelphia.
Eruptive Diseases and their Treatment, by Jas. B. Wood, M.D., of West Chester.

Diphtheria and Nephritis, by S. Lilienthal, M.D., of New York. (Presented and read by Dr. R. J. McClatchey.)

Clinical Cases, by Charles Mohr, M.D., of Philadelphia.

Zymotic Diseases and their Treatment, by J. H. Marsden, M.D., of York Sulphur Springs, Pa.

Rupture of the Aorta Simulating Colic, by Pemberton Dudley, M.D., of Philadelphia.

Symptomatology and Pathology, by Coates Preston, M.D., of Chester.

The above papers were read, accepted, and after a brief discussion were referred to the Committee of Publication, and the bureau was declared closed.

Bureau of Obstetrics and Diseases of Women and Children.

Dr. R. J. McClatchey, Chairman of the bureau, announced the following papers:

On Puerperal Hæmorrhage and its Treatment, by the Allegheny County Homœopathic Medical Society.

Ovarian Tumors, by Henry N. Guernsey, M.D., of Philadelphia.

Posture in Labor, by J. H. Marsden, M.D., of York Sulphur Springs, Pa.

Puerperal Convulsions, by A. R. Thomas, M.D.

The Propagation of the Race, by J. T. Alley, M.D., of St. Paul, Minnesota.

Dietetics in Relation to Infants and Young Children, by Thomas Moore, M.D., of Germantown.

Dr. H. N. Guernsey read his paper on Ovarian Tumors, which gave rise to a prolonged discussion, after which the Society adjourned, to meet in the evening at 8 o'clock.

Evening Session.

The Society reassembled at eight o'clock, the President in the chair.

The papers of the Bureau of Obstetrics were then taken up and read *seriatim*, and, after brief discussion, were accepted and referred to the Committee of Publication, and the bureau was declared closed.

It was moved and carried that a new bureau be created, to be entitled the

Bureau of Ophthalmology and Otology.

The President announced that the bureau would be constituted as follows for the ensuing year: W. H. Winslow, M.D., Philadelphia; Charles M. Thomas, M.D., Philadelphia; J. H. Buffum, M.D., Philadelphia; Bushrod W. James, M.D., Philadelphia; M. M. Walker, M.D., Philadelphia; Wm. H. Bigler, M.D., Philadelphia.

Necrological Report.

William R. Childs, M.D., of Pittsburg, *Necrologist*, then submitted his annual report, in which reference was made to the decease of W. James Blakely, M.D., of Erie; William F. Guernsey, M.D., of Philadelphia; and Richard Gardiner, M.D., of Philadelphia.

The Society then adjourned, to meet at ten o'clock in the morning.

Second Day.

The Society met pursuant to adjournment, the President in the chair.

It was moved and carried that a

Bureau of Gynæcology

be created, and that the *Bureau of Miscellaneous Subjects* be abolished.

On motion, Dr. McClatchey was added to and made Chairman of the *Committee of Publication.*

It was moved and carried that the Committee of Publication be instructed to publish the proceedings of all meetings of the Society now unpublished in a single bound volume, and that they have full authority in the matter of selecting and arranging minutes, reports and papers for publication.

It was moved and carried that the Committee of Publication procure a safe in which to deposit the *archives* of the Society.

Bureau of Surgery.

J. H. McClelland, M.D., of Pittsburg, chairman of the *Bureau of Surgery*, announced the following papers:

On the Use of the Dental Engine in Surgery, by L. H. Willard, M.D., of Allegheny.

Notes on the Surgery of the Intestinal Tract, by J. H. McClelland, M.D., of Pittsburg, Pa.

Tinnitus Aurium, by J. H. Buffum, M.D., of Pittsburg, Pa.

Therapeutic Surgery, by W. Jefferson Guernsey, M.D., of Philadelphia.

Two Cases of Ovariotomy, by Charles M. Thomas, M.D., of Philadelphia.

On Dislocations, by John E. James, M.D., of Philadelphia.

Retinitis Pigmentosa, by W. H. Winslow, M.D., of Philadelphia.

An Anomalous Case of Congenital Umbilical Hernia, by Charles Mohr, M.D., of Philadelphia.

Several of the above papers were read in full, while a brief synopsis of others was given by their respective authors. A discussion then took place at some length, at the close of which the papers of the bureau were accepted and referred to the Committee of Publication, and the bureau was declared closed.

Bureau of Climatology and Hygiene.

Dr. Bushrod W. James, of Philadelphia, chairman of the *Bureau of Climatology*, presented the report of that bureau, which comprised the following papers:

The Epidemics and Climatology of Adams County, by J. H. Marsden, M.D., of York Sulphur Springs, Pa.

Observations on Climatology, by A. P. Bowie, M.D., of Uniontown, Pa.

Observations on the Climatology of Western Pennsylvania, by T. Morris Strong, M.D., of Pittsburg.

The Climatology and Prevalent Diseases of Harrisburg and Vicinity, by Michael Friese, M.D.

Climatology of the Health Resorts of Pennsylvania, by Bushrod W. James, M.D., of Philadelphia.

These papers were read, accepted, and appropriately referred, and the bureau was declared closed.

Bureau of Materia Medica.

J. F. Cooper, M.D., of Allegheny, chairman of the above bureau, announced the following papers:

The Homœopathic Materia Medica as a Science and its Application as an Art, by Henry N. Guernsey, M.D., of Philadelphia.

Aconitum Napellus, by Adolph Lippe, M.D., of Philadelphia.

Clinical Observations on the Use of Natrum Arsenicum, by J. F. Cooper, M.D., of Allegheny.

Antipsorics in the Atrophy of Infants, by E. A. Farrington, M.D., of Philadelphia.

Provings of Natrum Arsenicum, by Drs. Shannon, Ramage, Thompson and King.

Several of the above papers were read and briefly discussed, but the hour of adjournment having arrived the further consideration of the papers was postponed until the afternoon session, and the Society adjourned to meet at 3 o'clock P.M.

Afternoon Session.

The Society was called to order at 3 o'clock by the President.

The Bureau of Miscellaneous Subjects was called, but presented no report.

Dr. Joseph C. Guernsey, Chairman of the *Standing Historical Committee*, presented the following:

The Historical Committee take great pleasure in reporting most satisfactory progress. The history of homœopathy in Pennsylvania has been carefully and thoroughly written up by reliable members of the bureau. The Corresponding Secretary, Dr. J. C. Guernsey, chairman of the bureau, has secured after much labor a most invaluable collection of historical memento. He has also written, and will publish in the *Transactions of the World's Homœopathic Convention of* 1876, a full history of the famous *Allentown Academy*, the first homœopathic school of medicine founded in the world. The bureau is still at work perfecting the State's history, obtaining valuable records, etc.

J. C. Guernsey, M.D., Chairman.

Committee on the President's Address.

The committee to consider the recommendations contained in the President's address and report thereon, submitted the following report and resolutions, which were considered and unanimously adopted:

The necessity for a higher medical education can scarcely occupy too large a space in professional thought, owing to the importance of the interests involved, and it is gratifying to know that the continuous agitation of the subject is producing its desired effect in various ways. All will admit that under a continuance of the old "two-term" method it is almost impossible to do more in the way of medical instruction than is now being accomplished; the brief time allowed being already availed of to the utmost. The universal sentiment is therefore favorable to a lengthened term of collegiate and hospital instruction, and this sentiment has given rise to the adoption of a "*three*-term course," by all the homœopathic colleges in this country, although this course has not as yet been made obligatory. It is pleasant to note that a larger and larger proportion of students are availing themselves of these advantages; as an evidence of which we cite the fact that the graduates of the last session constituted only about one-third of the entire classes in perhaps all our homœopathic colleges. The present class in the Philadelphia College, which promises to be the largest ever convened within its walls, gives evidence that a still further improvement in this respect is going on. It is frequently urged that all our colleges should make the long term obligatory, and the promise is freely given that the profession will sustain them in so doing. This promise would doubtless be fulfilled if *all* the colleges would join in such a movement. But no single college can safely rely upon such a promise while so large a proportion of our physicians are willing to have their students take the short term. The feeling of college faculties in the matter can scarcely be doubted when it is remembered that the fees for the long term are much lower than for the shorter one, though the labors of the professors and demonstrators are very considerably increased. Still further, it is urged that the examination for the degree should be severe enough to render it unattainable by an ordinary student except after attendance upon three terms of lectures and hospital instruction. In this connection the Board of Trustees of the Hahnemann College of Philadelphia, in their last annual announcement, express the belief that the requirements for graduation in that institution are equal to those demanded by the profession. Certain it is that our colleges cannot, nor do they wish, to refuse the plainly expressed sentiment of the profession. It should always be remembered, however, that no college, no faculty and no method of instruction can ever make a good doctor out of a poor, or even an indifferent student.

In order to bring this whole matter once again to the attention of our professional brethren, and especially the members of this Society, your committee recommends the adoption of the following resolutions:

Resolved: That the Homœopathic Medical Society of Pennsylvania hereby recommend to its members and to physicians generally, the adoption of the following rules in reference to persons applying for admission to their offices as students of medicine:

First: That the candidate shall be of good moral character and unquestionable sobriety, and shall give satisfactory evidence of studious habits.

Secondly: That he shall possess—or previous to commencing the actual study of medicine shall acquire—a good English education, together with a fair knowledge of mathematics, natural philosophy, and the rudiments of the Latin language.

Thirdly: That he shall enter into an agreement with his preceptor to attend not less than three terms of college and hospital lectures, and to devote the intervals to regular and systematic study, and to avail himself

of all the facilities offered by the college for making his knowledge of each department both thorough and practical.

And we also recommend that all our colleges should fix the requirements for graduation at such a standard as an ordinary student ought to be expected to attain by a three-term course of study, and that the examination should extend to the practical skill of the student in all the departments where such an examination is feasible, *and such skill valuable.*

PEMBERTON DUDLEY, M.D.,
J. B. WOOD, M.D.,
JOSEPH E. JONES, M.D.,
Committee.

October 4th, 1877.

The Society then proceeded to elect officers for the ensuing year, with the following results:

President.—H. N. Guernsey, M.D.

First Vice-President.—W. R. Childs, M.D.

Second Vice-President.—A. Korndœrfer, M.D.

Recording Secretary.—M. M. Walker, M.D.

Corresponding Secretary.—Jos. C. Guernsey, M.D.

Treasurer.—J. F. Cooper, M.D.

Necrologist.—W. R. Childs, M.D.

Censors.—Drs. R. J. McClatchey, J. B. Wood and J. H. McClelland.

Committee of Arrangements.—Allegheny County Medical Society.

Committee of Publication.—Drs. R. J. McClatchey, M. M. Walker, J. C. Guernsey, J. F. Cooper.

Committee on Subscription.—J. F. Cooper, M.D., Chairman.

Committee on Legislation.—Drs. J. N. Clark, J. H. McClelland and L. H. Willard.

Delegates to American Institute of Homœopathy.—Drs. Thos. Moore, C. S. Middleton, J. B. Wood, Coates Preston and C. P. Seip.

BUREAUS OF SCIENTIFIC SUBJECTS.

Bureau of Materia Medica.—A. Lippe, M.D., Chairman; Drs. E. A. Farrington, J. F. Cooper, W. J. Martin, M. S. Williamson, J. C. Guernsey, C. S. Middleton, C. B. Knerr.

Bureau of Gynæcology.—B. F. Betts, M.D., Chairman; Drs. Harriet J. Sartain, C. P. Seip, M. Friese, Maria N. Johnson, John Malin.

Bureau of Obstetrics and Diseases of Children.—David Cowley, M.D., Chairman; Drs. J. W. Marsden, H. H. Hoffman, Jos. E. Jones, L. B. Hawley, Millie J. Chapman, M. Preston.

Bureau of Clinical Medicine and Zymoses.—A. Korndœrfer, M.D., Chairman; Drs. J. S. Rankin, R. J. McClatchey, J. B. Wood, J. K. Lee, Coates Preston, A. P. Bowie, P. Dudley.

Bureau of Ophthalmology and Otology.—W. H. Winslow, M.D., Chairman; Drs. C. M. Thomas, J. H. Buffum, Bushrod W. James, M. M. Walker, W. H. Bigler.

Bureau of Climatology.—Bushrod W. James, M.D., Chairman; Drs. T. Morris Strong, H. E. Reinhold, S. R. Ritttenhouse, Reading; W. F. Speth, Lewistown.

Bureau of Surgery.—John E. James, M.D., Chairman; Drs. L. H. Willard, J. H. McClelland, J. C. Morgan, Jno. J. Detwiller.

Historical Committee.—J. C. Guernsey, M.D., Chairman; Drs. J. H. Buffum, H. E. Reinhold. M. M. Walker, E. J. Lee.

Resolutions complimenting the Press, the Faculty of Hahnemann Medical College, the Officers of the Society, and others, were unanimously adopted.

The Society then adjourned, to meet in Pittsburg on the last Wednesday of September, 1878.

PROCEEDINGS

OF THE

FOURTEENTH ANNUAL SESSION

OF THE

HOMŒOPATHIC MEDICAL SOCIETY

OF THE

STATE OF PENNSYLVANIA,

HELD IN PITTSBURG, SEPTEMBER 25TH AND 26TH, 1878.

FIRST DAY—MORNING SESSION.

THE Society convened in one of the ample parlors of the Monongahela House, at 10 o'clock A.M., and was called to order by the President, Henry N. Guernsey, M.D., of Philadelphia. Dr. L. H. Willard, President of the Allegheny County Medical Society, then delivered the following address of welcome:

MR. PRESIDENT AND GENTLEMEN:

It is my privilege and pleasure, in the name of the Homœopathic Medical Society of Allegheny County, to welcome you to Pittsburg, and this I do most cordially. We cannot say that this city is remarkable for beauty or architectural elegance, nor for the width of its streets, nor for the smoothness of its sidewalks. But what other city can boast of such smoke?—where else can you find such mills, such furnaces, such an atmosphere, so much oil upon the troubled waters? And if such things do not, surely such things ought, by the rule of contrarias, to make us more pure, more refined, in our own ideas. Our darkness ought to show worlds of light, and this smoke form torment which may in some unknown way be for our good. I hope our coming together may result in

good to ourselves, to the science and literature of medicine, but, most of all, to suffering humanity. In our discussions I hope we may disseminate truth; that we may be prompt and to the point in our sayings and doings; that our meetings, as well as our medicines, may comprise much in little; that our sessions may be pleasant and profitable to all; that our aims and aspirations may be higher than ever before, so that, with disregard of self, "we may rise on stepping-stones of our dead selves to higher and to nobler things."

President H. N. Guernsey responded to the above as follows:

Sir and Members of the Homœopathic Medical Society of Allegheny County. In behalf of the Homœopathic Medical Society of the State of Pennsylvania permit me to thank you for the kind welcome extended to us; and we hope that our deliberations will be both profitable and greatly to the advancement of the science of homœopathy. For we, with you, believe the *only true* science in medicine is embodied in the law *Similia Similibus Curantur.*

President Guernsey then proceeded to deliver his annual address.*

A committee on the recommendations contained in the President's address was then appointed, consisting of Drs. J. K. Lee, J. S. Rankin, W. A. D. Pierce.

The Secretary then called the annual roll, whereupon a large number of members responded as being present.

The following physicians were then proposed and, on favorable report of the Censors, were duly elected to membership of the Society.

P. S. Duff, M.D., Great Belt, Beaver County.
C. C. Rinehart, M.D., Pittsburg.
Albert Boley, M.D., Edensburg, Clarion County.
S. W. S. Dinsmore, M.D., Sharpsburg, Allegheny County,
Ad. Lippe, M.D., Philadelphia.
J. Morgan Maurer, M.D., Washington, Washington County.
Also, Ignacio Pereira, M.D., Bogota, South America, as corresponding member.

Dr. J. F. Cooper, Treasurer, then presented his report, as follows:

* This will be found among the "Addresses."

Treasurer's Report.

To the Homœopathic Medical Society of the State of Pennsylvania, at its Annual Session in Pittsburg, September 25th, 1878.

At the last report the balance in the Treasurer's hands was		$324 22
Since that time there has been paid into the Treasurer's hands as dues of members, . . .		$268 25
Collections made to pay the Janitor, . . .		12 00
Other contributions, ...		60 06
In all		$664 53

Out of this amount the following bills have been paid :

Bill of J. H. Shwacke, . . .	$82 03	
" M. M. Walker, M.D., . .	5 50	
" J. C. Guernsey, M.D., . .	4 80	
" Janitor, Philadelphia, . .	10 00	
" Postage stamps for Treasurer, .	6 00	
" District Telegraph Company, .	45	
	——	108 78
Leaving in the hands of the Treasurer a balance of		$555 75

J. F. Cooper, M.D.,
Treasurer.

The chair then appointed as Auditing Committee Drs. J. K. Lee, R. E. Caruthers, and W. A. D. Pierce, who after examining the report certified that they found it correct.

The report of delegates from other societies was then read.

Dr. J. H. McClelland, of Pittsburg, reported in behalf of the Homœopathic Hospital and Dispensary at Pittsburg. Of the hospital he said : "We have had during the past year 353 patients under treatment, with a mortality of 10,—less than 3 per cent. The cost of maintenance has been $6000, an average of less than 80 cents per day for each patient. The two points I wish to present to the Society,—the decreased cost of maintenance and the exceedingly low rate of mortality."

Dr. W. R. Childs, of Pittsburg, reported the Anatomical Society of Allegheny County to be in a flourishing condition. The society has elegant rooms, well-furnished, and great interest is taken by its members.

Dr. R. J. McClatchey, of Philadelphia, then presented the following report of the Hahnemann Medical College of Philadelphia to the Homœopathic Medical Society of Pennsylvania:

This institution, in which the faculty and trustees are confident the State Society is deeply interested, is glad to be able to report through its delegate a most favorable outlook for the coming year. Since its doors were closed, in March last, on its Thirtieth Annual Session, many improvements have been inaugurated and carried out, as its Thirty-first Annual Announcement indicates. Reference, however, will be made here to several points in this connection.

First. A better system of teaching has been inaugurated by the creation of special branches of instruction and the enlargement of the field of teaching of each of the chairs. Thus, special lectures are given in special branches, not as is usually the case in medical colleges by an auxiliary corps of teachers, consisting chiefly of inexperienced men, but by the members of the faculty themselves. To meet the requirements of these lectures a new lecture-room has been provided. As far as is practicable, also, the didactic teaching of the chairs will be practically illustrated in all the branches by means of frequent clinics under the control of the several professors.

Second. While the faculty greatly regretted the loss to themselves and the class of the services of our distinguished fellow-member, the former Professor of Surgery, Dr. J. H. McClelland, who resigned his chair at the close of the last session, yet they are glad to be able to announce that the arrangements they have made will secure a more thorough instruction in the varied departments of surgery than has ever been possible heretofore. The chair has been equally divided between two men, Drs. J. E. James and C. M. Thomas, both young, active, and ardent in the profession, and capable in every way of didactically and practically teaching surgery in all its branches.

I am happy to be able to report that the present session

opened its preliminary lecture session yesterday with a report of 65 students. The regular course will commence on Monday next. R. J. McClatchey, M.D.,
Delegate.

Dr. J. K. Lee, of Philadelphia, reported the Philadelphia County Medical Society as being in a flourishing condition and as showing renewed evidences of life and usefulness.

Dr. John E. James, of Philadelphia, reported that the Children's Homœopathic Hospital of Philadelphia has been doing good work. Many excellent cures have been made, which will shortly be published.

Dr. H. N. Guernsey, of Philadelphia, read an interesting report of his recent visits to the New York and New Jersey State Homœopathic Medical Societies.

Dr. J. F. Cooper, of Allegheny, Committee on Subscriptions, reported:

The chairman reports the expenditure of the State Society within its income, and consequently no necessity for soliciting subscriptions, but would say that a surplus of means in my hands as Treasurer has been placed under that head for want of a better heading. J. F. Cooper, M.D.,
Chairman.

Dr. R. J. McClatchey, chairman of Committee of Publication, presented the following:

Your committee would respectfully report that in the interests of the Society they have decided to defer the publication of the volume of *Transactions* until after the present session, that the minutes and papers of this session may be comprised in the volume contemplated, and thus published at less expense, and enabling the Society to start anew with the publication of its *Transactions* annually, commencing with the next session. It was thought by your committee that the funds now in the hands of the Treasurer, together with the amounts collected from various sources for the present session, would in all make a sum sufficient to enable us to present a handsome volume, possibly bound in cloth, within a reasonable time after the adjournment of this meeting.

Your committee would report that they have held meetings and consultations in reference to the work committed to their charge. They have prepared the minutes of the sessions of

1874, '75, '76, and '77, in brief, showing the business transacted by the Society in those years, and made what they regard as a judicious selection of papers for publication from all those presented at the several sessions, without personal preference or bias of any kind, but solely with the view of choosing the best and most practical essays. These, together with the minutes referred to, are now ready for the printer, and your committee propose to handle the minutes and papers of this meeting in the same manner, provided the sanction of the Society is obtained.

Your committee would therefore report progress, and would ask to be continued, and to have authority to dispose of the *Transactions* of the session as they have designated.

On behalf of the committee.

ROBERT J. MCCLATCHEY, M.D.,
Chairman.

On motion of DR. J. H. MCCLELLAND the committee was continued.

The Auditing Committee here reported that they had found the Treasurer's report correct in all its details.

DR. M. M. WALKER, Recording Secretary, reported that he had corresponded with the proper officials of twenty-nine homœopathic medical societies in this country and with four foreign societies; that all the above sent fraternal greetings to the Homœopathic Medical Society of Pennsylvania, with earnest wishes for its welfare, etc.

DR. J. H. MCCLELLAND, for the Committee on Legislation, reported that he had visited Harrisburg for the purpose of securing a share of State aid to charitable institutions of the homœopathic school, particularly to those for the treatment of the insane. He said the success of his mission was indifferent, but that next winter more positive action is confidently expected.

All the above reports were duly received and referred to the Committee of Publication.

Reports were then called for from the

Bureau on Materia Medica, Pharmacy, and Provings.

Through its chairman, DR. AD. LIPPE, of Philadelphia, the following report was made:

A brief sketch of the Homœopathic Publishing Society of Philadelphia, by Dr. Ad. Lippe.

A printed copy of provings of *Lac caninum*, by Dr. S. Swan, of New York, with interlineations by Dr. Ad. Lippe. This paper was read but not referred for publication, as a large portion of it was already in type, and the whole of it would probably appear elsewhere.

A paper on Ferrum iodatus, by E. A. Farrington, M.D.

Dr. J. H. McClelland moved that Dr. Lippe's report be accepted. Carried.

Dr. J. C. Guernsey moved that Dr. Lippe's interlineations and addenda to *Lac caninum* be culled and referred to the Committee of Publication.* Carried.

Dr. J. F. Cooper moved "that this publishing society as at present constituted meets the approval of this Society."

After considerable discussion, which was very generally participated in, this resolution, on motion of Dr. John E. James, was laid on the table.

Dr. R. J. McClatchey rose to ask whether Dr. Lippe, of Philadelphia, was a member of this Society.

Considerable controversy arose here. Dr. McClatchey claimed that Dr. Lippe had resigned and his resignation had been accepted, consequently that he could not be recognized as a chairman of any bureau. Dr. Lippe had paid his back dues, but that did not constitute membership. The question was tabled until Dr. Lippe could be heard from. At a later stage in the proceedings Dr. Lippe was proposed for membership and was duly elected.

On motion this bureau closed.

The report next in order was from the

Bureau of Gynœcology.

Dr. B. F. Betts, Philadelphia, chairman, presented the following papers:

Report of a Case, by Harriet J. Sartain, M.D., Philadelphia.

The Causes of Uterine Diseases, by C. P. Seip, M.D., Pittsburg.

Pending the discussion of the latter paper, Dr. J. K. Lee offered a resolution declaring it to be the sense of the Society that it is criminal under any circumstances, except for the preservation of life and health, to induce premature delivery or prevent conception. Unanimously adopted.

On motion the Society then adjourned until 3 o'clock P.M.

* Unfortunately, Dr. Lippe was unable to comply with the above resolution.

Afternoon Session.

The Society met, pursuant to adjournment, at 3 o'clock, when the report of the Bureau of Gynæcology was continued.

Dysuria in Women, by B. F. Betts, M.D., Philadelphia.

The above papers elicited lengthy discussions, which were participated in by Drs. D. Cowley, A. Korndœrfer, C. P. Seip, J. K. Lee, J. H. McClelland, B. F. Betts, H. N. Guernsey, L. H. Willard, and others. The bureau was then closed, and the next one in order called for,

Obstetrics and Diseases of Children.

The Management of the After-birth, by J. H. Marsden, York Sulphur Springs, Penna.

The discussion ensuing was participated in by Drs. A. Korndœrfer, C. P. Seip, B. F. Betts, H. N. Guernsey, after which was called the

Bureau of Clinical Medicine and Zymoses.

The chairman, Dr. A. Korndœrfer, presented papers on Yellow Fever, by Bushrod W. James, M.D., Philadelphia.

Cyanide of Mercury in Diphtheria, by W. J. Martin, M.D., Pittsburg.

After discussion this bureau was closed, and the

Bureau of Ophthalmology and Otology

was called.

The chairman, Dr. W. H. Winslow, being absent, Dr. M. M. Walker offered the report:

Our Imperfect Eyes, by W. H. Winslow, M.D., Pittsburg.

The Abuse of Vision, by Bushrod W. James, M.D., Philadelphia.

The Bureau of Climatology

then reported through Dr. John E. James, who offered the following series of resolutions relative to yellow fever, prepared by Bushrod W. James, M.D., Philadelphia:

Whereas, The yellow fever has been unusually prevalent the past summer, and has assumed many new features and has been extremely fatal; and,

WHEREAS, Homœopathic treatment has been very successful in the past,

Resolved, That this Society recommend the collection of all data and facts bearing upon the disease and its treatment, and that it solicit *written* articles of the same from all physicians of our school who have treated the disease.

Resolved, That a committee of three be appointed on "yellow fever," with a view to write up the subject and to co-operate with other societies in an inquiry into the cause, nature, contagiousness, diagnosis, and most successful treatment of yellow fever, and the best quarantine measures against it and the prevention of epidemics of the disease.

Carried.

Next followed the report of the

Bureau of Surgery,

through Dr. JOHN E. JAMES, Philadelphia, the chairman.

Hæmorrhoids, by the Allegheny County Medical Society.

After the reading of this paper, Dr. L. H. Willard extended an invitation to the Society to attend the "Exposition," then in progress, that evening. The invitation was accepted with thanks, after which an adjournment was ordered until next morning at 10 o'clock, Thursday, September 26th.

A most enjoyable evening was passed at the Exposition, the Pittsburg and Allegheny City physicians turning out *en masse* to escort their visitors through the buildings and to kindly point out the chief objects of interest.

SECOND DAY—MORNING SESSION.

The Society reassembled pursuant to adjournment, President H. N. GUERNSEY in the chair.

The Bureau of Surgery continued its report:

Diseases of the Rectum, by L. H. Willard, M.D., Allegheny.

This paper and the one presented by the Allegheny County Medical Society being on kindred topics, were discussed together with great spirit by Drs. B. F. Betts, C. P. Seip, L. H. Willard, J. H. McClelland, H. N. Guernsey, A. Korndœrfer, W. F. Edmundson, J. S. Rankin, J. K. Lee.

The Use and Abuse of the Plaster of Paris Bandage in Spinal Disease, by J. H. McClelland, M.D., Pittsburg.

Nasal Calculus, by J. C. Morgan, M.D., Philadelphia.

Discussion on these papers followed, after which the bureaus were declared closed, and next in order was

New Business.

Dr. J. K. Lee, as chairman of the Committee on the Recommendations Contained in the President's Address, reported as follows:

The committee to whom was referred the annual address of our President, would respectfully report that whilst they cordially approve of the sentiments of the address, they would compliment Dr. Guernsey for his consderation of the convenience of the members in having it published before the date of the annual meeting. In thus departing from the usual practice, he has afforded us a better opportunity to consider its contents than by simply reading his address before the Society.

In reference to the recommendation of the President "that two more bureaus be created," your committee approve of the objects he proposes to attain, but would suggest that these may be better accomplished by referring the subject of "Thermometry" to the *Bureau of Clinical Medicine*, so that clinical cases hereafter reported be expected to embrace a record of temperatures; and that a member shall be appointed to prepare for each meeting of this Society a paper "on some one of the vital principles of homœopathy," and recommend that Dr. H. N. Guernsey be named as the first essayist.

J. K. Lee, *Chairman*,
J. S. Rankin,
W. A. D. Pierce,
Committee.

Dr. A. Korndœrfer.—Since the recent suspension of the *Hahnemannian Monthly* has left our Society without an organ in Pennsylvania, I offer the following:

Whereas, That inasmuch as the *Hahnemannian Monthly* was the official organ of this Society, as well as on account of its value as a medical journal, this Society has heard with regret of its suspension, as announced by its editor and publishers; and,

Whereas, There is now no homœopathic journal published in Pennsylvania, therefore

Resolved, That we especially request the editor and publishers of the *Hahnemannian Monthly* to resume the publication of the journal at as early a period as will be in accord with their convenience and arrangements.

Resolved, That a copy of the above preamble and resolutions be sent to the late editor and publishers of the *Hahnemannian Monthly*.

Carried unanimously.

Dr. J. C. Guernsey said: I hold in my hand a copy of the *Constitution and By-laws of the Homœopathic Medical Society of Allegheny County.* Article 9, section 4, reads as follows:

"All persons before entering upon the study of medicine under the preceptorship of members of this Society shall be required to pass a satisfactory examination before this committee, being governed by the standard recommended by the American Institute of Homœopathy (*Transactions*, 1870). The committee shall furnish each applicant who shall have passed a satisfactory examination a certificate to that effect."

I move that a vote of commendation be passed by the State Society on this action of the Allegheny County Society, which was taken with the view of raising the standard of the homœopathic medical profession, and of keeping unworthy applicants out of its ranks. And,

Resolved, That the State Society heartily recommend every county society in the State of Pennsylvania to take the same stand in relation to all who seek to become office students.

Dr. J. K. Lee.—This resolution is applicable, but does not go far enough. It should include the various medical colleges. The faculties of colleges should take high ground and require literary attainments for admission. Boston is the only school that has these preliminary requirements.

Dr. J. C. Guernsey.—Dr. Lee might draft a resolution embodying his views.

Dr. R. J. McClatchey.—I think the resolution is the thing. Every county in the State should have such resolutions and adhere to them. As a professor I want to say a word for the colleges, and it is this: Send us good students and we will send you good doctors. The fault of pupilage does not lie with the colleges, but with the preceptors. If a preceptor rejects a man because he is a fool he never gets to college. Send us men with brains and we will turn out physicians.

Dr. J. H. McClelland.—You have no idea how many applicants we reject. Only recently Dr. Childs had an applicant to whom he gave Von Grauvogl's *Textbook*, and told him after he had read that to come back. The man returned the book in a short time, saying he had "decided not to study medicine."

Dr. A. Korndœrfer spoke at length, saying the college at Philadelphia required each student to have a certificate from his preceptor authorizing him to apply and guaranteeing to the faculty that the bearer had a good English education, and that he was endowed with the requisites to make a good physician. That there was no law in the country requiring medical faculties to examine students upon departments which they didn't teach. We want preceptors to make the preliminary examinations of their students' education and abilities.

Dr. R. J. McClatchey.—I would be glad if the resolutions could be made stronger. I would like them to be made mandatory upon this Society. Since the adoption of these articles by the Allegheny County Society the students who come to us from this city are the best we have. We don't want many doctors, but we want good ones. Send us good material.

Dr. J. K. Lee.—I don't want to raise the standard too high, but it should require good spelling, grammar, history, and some knowledge of Latin and Greek. Dr. Lee then offered the following:

Whereas, It is important to elevate the standard of medical education and thus keep abreast with the advancing intelligence of the public, and more efficiently serve the cause of suffering humanity; therefore,

Resolved, That the various colleges peculiar to our school of medicine be urged to insist upon a prior thorough preliminary English education, in their students, and a more comprehensive and exhaustive knowledge of professional studies.

This resolution was then carried, together with Dr. Guernsey's resolution and vote of commendation.

President H. N. Guernsey then called the attention of the Society to a large number of sample sheets of Dr. Hering's new work on *Guiding Symptoms*, and suggested that they be circulated as widely as possible.

The Corresponding Secretary, Dr. J. C. Guernsey, then read the following letters:

York Sulphur Springs, Pa., Sept. 25th, 1878.

The undersigned, on account of advanced life and growing infirmities, feels it his duty to tender his resignation of membership in the Homœopathic Medical Society of Pennsylvania.

He begs leave to present his sincere thanks for the uniform courtesy with which he has been treated by its members, and

for the honor done him that he has for many years been retained in one of its most important bureaus.

Respectfully, J. H. MARSDEN, M.D.

OHIO, Sept. 2d, 1878.

To PENNSYLVANIA STATE SOCIETY.

MR. PRESIDENT AND GENTLEMEN: On account of removal to another State I respectfully present to you my resignation of membership in your honorable body.

JOHN C. KING, M.D.

On motion Dr. King's resignation was accepted, with regrets. In the case of Dr. Marsden the Corresponding Secretary was directed to write and decline to accept his resignation, as the Society still had need of his valuable services as a member.

A number of bills were then presented to the Society, which were ordered paid.

DR. M. M. WALKER moved that copies of complete sets of the *Transactions* of this Society to the number of fifteen be sent to the libraries of the homœopathic colleges and hospitals in the United States. Carried.

DR. M. M. WALKER then tendered his resignation as Recording Secretary. This was accepted, and a vote of thanks tendered the retiring Secretary for the able and faithful manner in which he had discharged his duties during his term of office, being a term of five years.

On motion the Society then proceeded, with the following result, to the

Election of Officers.

President.—L. H. Willard, M.D., Allegheny City, Pa.

First Vice-President.—M. M. Walker, M.D., Philadelphia.

Second Vice-President.—L. M. Rousseau, M.D., Pittsburg.

Recording Secretary.—Z. T. Miller, M.D., Pittsburg.

Corresponding Secretary.—J. C. Guernsey, M.D., Philadelphia.

Treasurer.—J. F. Cooper, M.D., Allegheny City, Pa.

Necrologist.—W. R. Childs, M.D., Pittsburg.

Censors.—Drs. R. J. McClatchey, J. H. McClelland, H. H. Hoffman.

The following committees were appointed:

Committee of Arrangements.—Officers of the State Society.

Committee on Publication.—Drs. R. J. McClatchey, J. F. Cooper, M. M. Walker, J. C. Guernsey.

Committee on Subscriptions.—J. F. Cooper, M.D.

Committee on Legislation.—Drs. J. H. McClelland, Chairman; J. K. Lee, S. F. Charlton.

Delegates to American Institute.—Drs. H. N. Guernsey, C. F. Bingaman, A. Korndœrfer, I. B. Chantler.

Bureau of Materia Medica.—Drs. J. K. Lee, Chairman; A. Lippe, W. J. Martin, E. A. Farrington, J. F. Cooper.

Bureau of Gynœcology.—Drs. J. C. Burgher, Chairman; J. H. Marsden, B. F. Betts, C. P. Seip, Joseph E. Jones, W. H. Kern.

Bureau of Obstetrics.—Drs. R. J. McClatchey, Chairman; A. R. Thomas, W. F. Edmundson, Millie J. Chapman, M. Friese.

Bureau of Clinical Medicine.—Drs. J. S. Rankin, Chairman; Albert Boley, Charles Mohr, A. Korndœrfer, W. A. D. Pierce, David Cowley.

Bureau of Ophthalmology and Otology.—Drs. W. H. Winslow, Chairman; C. M. Thomas, C. C. Rinehart, R. E. Caruthers, W. C. Goodno.

Bureau of Climatology.—Drs. Bushrod W. James, Chairman; H. E. Reinhold, T. Morris Strong, A. C. Rembaugh, J. S. Crawford.

Bureau of Surgery.—Drs. W. R. Childs, Chairman; J. H. McClelland, John E. James, M. Macfarlan, J. C. Morgan.

Historical Committee.—Drs. J. C. Guernsey, Chairman; H. E. Reinhold, M. M. Walker, E. J. Lee, Stephen Woods.

Yellow Fever Committee.—Drs. Bushrod W. James, Chairman; H. W. Fulton, J. M. Maurer.

Dr. McClatchey moved that the report of the Necrologist be made upon the first day of the session, before the report of any bureau is received. Carried.

Dr. McClatchey offered resolutions extending the thanks of the Society to President Guernsey for the acceptable manner in which he had presided over the meeting. Adopted.

Dr. Guernsey said the thanks were due Dr. Childs, Vice-President, for his valuable assistance.

Dr. Burgher moved that when we adjourn, it be to meet at the Cresson House, Cresson Springs, Pennsylvania, the last Wednesday in August next.

Dr. McClatchey moved an amendment selecting Cresson as the place of meeting, the time to be left with the Committee of Arrangements. Dr. Burgher accepted the amendment, and the motion was adopted.

Dr. Childs moved that Dr. H. N. Guernsey be given *carte blanche* to visit whatever societies he pleased as the delegate of the Homœopathic Medical Society of Pennsylvania. Carried.

Dr. McClatchey moved a vote of thanks be tendered to the officers of the Society, especially the Treasurer and Secretaries. Carried.

Dr. Childs moved a vote of thanks to the proprietor of the Monongahela House, Mr. John McCrossen, for his courtesies. Carried.

On motion of Dr. Childs a vote of thanks was tendered to the press of Pittsburg. Carried.

Dr. Burgher extended an invitation to the members to visit the hospital at such time as suited their convenience, also the Anatomical Rooms of the County Society.

Dr. Lee moved that the thanks of the State Society be tendered the Allegheny County Society for their satisfactory arrangements and cordial reception. Carried.

The Treasurer stated that there were $606.75 in the treasury.

President Guernsey thanked the Society for the courtesies shown him as their presiding officer the past year.

On motion of Dr. John E. James adjourned.

CONSTITUTION AND BY-LAWS.

CONSTITUTION.

Article I.

This Association shall be known as the Homœopathic Medical Society of the State of Pennsylvania, and its object shall be the advancement of medical science.

Article II.

Any physician of good moral character, who has received the degree of Doctor of Medicine from some regularly incorporated Medical College, and who subscribes to the doctrine "*Similia Similibus Curantur*," may be elected a member of this Society, upon the recommendation of the Board of Censors, by a vote of two-thirds of the members present at any annual meeting.

Article III.

Every member shall, upon his admission, sign the Constitution, and pay the initiation fee.

Article IV.

Any non-resident* physician, who shall be judged worthy, from his attainments in medicine or its collateral branches, may be elected a corresponding or honorary member, by a vote of two-thirds of the members present at any annual meeting, and may participate in the proceedings of the Society, but shall have no vote, and shall be ineligible to office.

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* "*Resolved*, That the term 'non-resident,' as applied to corresponding members in Art. IV, of the Constitution, applies to physicians living without the limits of the United States." Adopted Feb. 6th, 1873.

Article V.

The officers of this Society shall consist of a President, two Vice-Presidents, a Recording Secretary, a Corresponding Secretary, a Treasurer, and three Censors, who shall be elected by ballot by a majority of the members present, at every annual meeting, and who shall hold office until their successors are elected.

Article VI.

The President shall preside at the meetings of the Society, preserve order therein, put questions, announce decisions, and appoint committees not otherwise ordered.

Article VII.

The Vice-Presidents, in the order of their election, shall discharge the duties of the President in his absence.

Article VIII.

Sec. 1. The Secretaries shall give notice of the meetings of the Society, keep a record of its proceedings, conduct its correspondence, and have charge of its archives.

Sec. 2. The Recording Secretary shall keep a record of all proceedings and resolutions, the names of all delegates and members, with the date of admission of each; notify all committees of their appointments and of the business referred to them; notify all members of their election; authenticate by his signature all papers and acts of the Society, when the occasion requires it, and bring before the Society communications and business needing its action, not otherwise presented.

Sec. 3. The Corresponding Secretary shall receive and preserve all letters addressed directly to the Society; open and maintain such correspondence as shall tend to advance its interests; give at least two weeks' previous notice of all meetings of the Society to the members, and keep a record of all the discussions on any and all the branches appertaining to medical science that may occur in the Society.

Article IX.

The Treasurer shall receive all moneys, and make all necessary disbursements, and make an annual report to the Society in writing.

Article X.

The Censors shall receive applications for membership, and report to the Society those qualified for admission.

Article XI.

The annual meetings of the Society shall be held at such time and place as shall be designated at the annual meeting next preceding.

Article XII.

Seven members of this Society shall constitute a quorum.

Article XIII.

Any article of this Constitution may be altered or amended by a vote of two-thirds of the members present at the annual meeting; provided, that notice of such intended alteration or amendment shall have been given to the Society when in session at the annual meeting next preceding.

BY-LAWS.

Section I.

The annual meeting of the Society shall be held at 10 A.M., on the third Wednesday in September, in Philadelphia, Pittsburg, and Harrisburg, in rotation.*

Section II.

The initiation fee shall be two dollars, and each active member shall pay three dollars annually thereafter.

All delinquents, to the amount of six dollars, shall be notified by the Treasurer, and, if their accounts are not settled within three months thereafter, such delinquents shall be dropped from the roll, and shall not be readmitted until all dues have been paid.

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* This By-Law was rescinded by vote of the Society Sept. 3d, 1879, and a resolution passed, that the place of meeting be determined, by vote of the Society, at the annual meeting next preceding.

Section III.

It shall be the duty of each member to attend the annual meetings of the Society; or, if unable to attend, to furnish the Secretary with some satisfactory reason for his absence, which shall be laid before the Society at its annual meetings.

Section IV.

At each annual meeting there shall be appointed: A Bureau of Materia Medica and Provings; one of Clinical Medicine and Zymoses; one of Surgery; one of Obstetrics and Diseases of Women and Children; one of General Sanitary Science, and a Historical Committee.

Each Bureau shall consist of five members, and shall report to the Society at the next succeeding annual meeting.

Section V.

No paper shall occupy, in its presentation, a longer time than fifteen minutes, except by a vote of the Society, but a synopsis may be presented instead, and the report itself be referred to the Committee of Publication.

Section VI.

All communications and all reports of bureaus read before the Society shall become its property, but their acceptance and publication shall not be intended by the Society as an indorsement. No paper shall be published as part of the Transactions of the Society without its sanction.

Section VII.

Each county, or local society, shall be invited to prepare and discuss, during the year, a paper upon some medical subject, and present it to the State Society at its annual meeting.

Of the papers thus offered, the one deemed most worthy shall be selected as the State Society paper for presentation to the American Institute of Homœopathy.

Section VIII.

Unfinished reports, or papers, will not be received by the Society, and no report or paper referred to the Committee of Publication shall pass out of its custody, except as may be ordered by the Society.

Section IX.

The Secretaries shall solicit an exchange of publications with other State societies, and report annually their condition and prospects.

Section X.

The Code of Ethics adopted by the American Institute of Homœopathy at its Twenty-first Session, shall be the Code of Ethics of this Society.

Section XI.

The annual election of officers for the ensuing year shall take place during the last meeting of the session.

Section XII.

The annual order of business shall be arranged by the Recording and Corresponding Secretaries.

Section XIII.

These By-Laws may be altered or amended at any regular meeting, by a vote of a majority of the members present.

LIST OF MEMBERS.

1870. Allen, J. W., M.D., Altoona.
1866. Ashton, A. H., M.D., 730 S. 10th St., Philadelphia.
1876. Bechtel, J. W., Jr., M.D., Harrisburg.
1875. Betts, B. F., M.D., 1700 Girard Av., Philadelphia.
1872. Bigler, W. H., M.D., 1302 N. 6th St., Philadelphia.
1873. Bingaman, C. F., M.D., 294 Penn Av., Pittsburg.
1868. Boardman, W. H., M.D., Butler St., Pittsburg.
1878. Boley, A., M.D., Edenburg (Knox P. O.).
1872. Bowie, A. P., M.D., Uniontown.
1868. Bowman, Benjamin, M.D., Chambersburg.
1875. Bradford, L. J., M.D., Sylvania.
1868. Brickley, Jeremiah W., M.D., York.
1872. Brickley, Obadiah C., M.D., York.
1873. Buffum, J. H., M.D., 3d Av. and 23d St., N. Y.
1877. Bullard, J. A., M.D., Wilkesbarre.
1866. Burgher, J. C., M.D., 332 Penn Av., Pittsburg.
1875. Canfield, Corresta T., M.D., Titusville.
1868. Carmany, C. J., M.D., Harrisburg.
1873. Caruthers, R. E., M.D., 107 Arch St., Allegheny City.
1873. Chantler, I. B., M.D., Sewickley.
1875. Chapman, Millie J., M.D., 216 Penn Av., Pittsburg.
1868. Charlton, S. F., M.D., Harrisburg.
1866. Childs, W. R., M.D., 306 Penn Av., Pittsburg.
1868. Christ, William F., M.D., Parryville.
1873. Clark, J. N., M.D., Harrisburg.
1873. Cook, I. Elmer, M.D., Harrisburg.
1866. Cooper, J. F., M.D., 87 Arch St., Allegheny City.
1866. Cowley, David, M.D., Station A, Pittsburg.
1875. Crawford, J. S., M.D., Greensburg.
1866. Dake, B. F., M.D., 310 Penn Av., Pittsburg.
1875. Dartt, R. L., M.D., Bellefonte.
1866. Detwiller, Henry, M.D., Easton.
1866. Detwiller, John J., M.D., Easton.
1878. Dinsmore, S. W. S., M.D., Sharpsburg.
1867. Dudley, Pemberton, M.D., 15th and Master Sts., Phila.
1878. Duff, P. S., M.D., Great Belt.

1875. Dunn, James L., M.D., Titusville.
1876. Earhart, J. R., M.D., 1839 Arch St., Philadelphia.
1873. Edmundson, W. F., M.D., 375 5th Av., Pittsburg.
1870. Farrington, E. A., M.D., 1738 Green St., Phila.
1870. Frasier, J. B., M.D., Conneautville.
1873. French, Harriet S., M.D., 337 N. 11th St., Phila.
1866. Friese, Michael, M.D., Harrisburg.
1873. Fulton, H. W., M.D., Penn and Hillard Av., Pittsburg.
1875. Gambel, H. J., M.D., Monongahela City.
1867. Garvin, John J., M.D., 1546 N. 11th St., Phila.
1866. Gause, Owen B., M.D., 1519 Arch St., Phila.
1870. Gessler, C. W., M.D., 1332 S. 5th St., Phila.
1875. Goodno, W. C., M.D., 4003 Chestnut St., Phila.
1875. Graham, D. M., M.D., Altoona.
1867. Gramm, G. E., M.D., 1656 Vienna St., Phila.
1877. Griffith, W. M., M.D., 2035 Ridge Av., Phila.
1877. Griffith, W. H. G., M.D., Hulmeville.
1877. Grumbein, William, M.D., Annville.
1866. Guernsey, H. N., M.D., 1423 Chestnut St., Phila.
1874. Guernsey, J. C., M.D., 1439 Walnut St., Phila.
1875. Guernsey, W. J., M.D., 4430 Frankford Av., Phila.
1867. Gumpert, B. Barton, M.D., 840 Franklin St., Phila.
1879. Hall, Wm. D., M.D., Altoona.
1873. Harpel, Edw. N., M.D., Shenandoah.
1873. Hawley, L. B., M.D., Phœnixville.
1873. Herron, C. D., M.D., 17 Butler St., Pittsburg.
1866. Hoffman, H. H., M.D., 260 Penn Av., Pittsburg.
1873. Hoyt, C. W., M.D., Sharon.
1871. Huebener, O. T., M.D., Litiz.
1866. James, Bushrod W., M.D., 18th and Green Sts., Phila.
1867. James, John E., M.D., 10th and Green Sts., Phila.
1870. James, Walter M., M.D., 123 N. 21st St., Phila.
1877. Johnson, Maria N., M.D., 820 N. 10th St., Phila.
1869. Jones, Jos. E., M.D., West Chester.
1866. Karsner, Charles, M.D., 4845 Germantown Av., Phila.
1875. Kern, W. H., M.D., McKeesport.
1877. Knerr, C. B., M.D., 112 N. 12th St., Phila.
1866. Koch, Aug. W., M.D., 118 N. 12th St., Phila.
1873. Kœnig, M. J., M.D., Jersey Shore.
1872. Korndœrfer, Aug., M.D., 648 N. 12th St., Phila.
1877. Lee, E. J., M.D., 110 S. 21st St., Phila.
1866. Lee, John K., M.D., 3800 Chestnut St., Phila.
1873. Leech, J. Stuart, M.D., Downingtown.

1873. Lefever, Isaac, M.D., Harrisburg.
1867. Lippe, Ad., M.D., 1204 Walnut St., Philadelphia.
1866. Liscomb, P. D., M.D., Beaver Falls.
1869. Macfarlan, Malcolm, M.D., 1805 Chestnut St., Phila.
1868. Malin, George W., M.D., Germantown Av., Phila.
1866. Malin, John, M.D., 70 W. Chelten Av., Germantown.
1877. Malin, Wm. H., M.D., Chestnut Hill, Philadelphia.
1866. Marsden, J. H., M.D., York Sulphur Springs.
1866. Martin, H. N., M.D., 500 N. 18th St., Philadelphia.
1877. Martin, W. J., M.D., 1708 Carson St., S. S., Pittsburg.
1878. Maurer, J. M., M.D., Washington.
1871. Mercer, Robert P., M.D., Chester.
1871. Middleton, Caleb S , M.D., 646 N. 10th St., Phila.
1877. Miller, Z. T., M.D., 1729 Carson St., S. S., Pittsburg.
1870. Moore, Thomas, M.D., Germantown, Philadelphia.
1875. Mohr, Charles., M.D., 555 N. 16th St., Philadelphia.
1866. Morgan, John. C., M.D., 1706 Green St., Philadelphia.
1866. McClatchey, Robert J., M.D., 918 N. 10th St., Phila.
1867. McClelland, J. H., M.D., 319 Penn Av., Pittsburg.
1866. Neville, W. H. H., M.D., 19th and Fairmount Av. Philadelphia.
1869. Ostrander, W. M., M.D., Pittston.
1870. Parsons, Anson, M.D., Springboro.
1868. Pfouts, J. S., M.D., Wilkesbarre.
1870. Pierce, W. A. D., M.D., Leopold.
1871. Pratt, Trimble, M.D., Media.
1866. Preston, Coates, M.D., Chester.
1866. Preston, Mahlon, M.D., Norristown.
1875. Ramage, R. Y., M.D., Mansfield.
1872. Rankin, J. S., M.D., 59 Grant St., Pittsburg.
1866. Raue, Charles G., M.D., 121 N. 10th St., Phila.
1867. Reading, E., M.D., Hatboro.
1866. Reading, John R., M.D., Somerton.
1878. Rinehart, C. C., M.D., Marion Station, Pittsburg.
1871. Rittenhouse, S. R., M.D., Reading.
1873. Robbins, C. W., M.D., 1408 Richmond St., Phila.
1873. Robbins, Emily R., M.D., 1408 Richmond St., Phila.,
1873. Roseberry, C. F., M.D., Easton.
1866. Rousseau, L. M., M.D., 210 Penn Av., Pittsburg.
1872. Rutter, J. C., M.D., Bloomsburg.
1872. Sartain, Harriet J., M.D., 210 Franklin St., Phila.
1874. Schmucker, F. R., M.D., Reading.
1866. Seip, C. P., M.D., 260 Penn Av., Pittsburg.

1875. Shannon, O. R., M.D., 207 Lacock St., Allegheny City.
1875. Skeels, J. S., M.D., Albion.
1870. Spencer, J. H., M.D., 1306 N. 7th St., Philadelphia.
1872. Speth, W. F., M.D., Lewistown.
1867. Stevens, Charles A., M.D., Scranton.
1875. Strong, T. M., M.D., 56 Montgomery Av., Allegheny.
1871. Thomas, A. R., M.D., 1733 Chestnut St., Phila.
1877. Thomas, Charles M., M.D., 1319 Arch St., Phila.
1877. Van Artsdalen, C., M.D., Shoemakertown.
1876. Van Scoyoc, L. G., M.D., York Sulphur Springs.
1867. Walker, Mahlon M., M.D., Germantown, Phila.
1871. Wallace, Thomas C., M.D., 255 Beaver Av., Allegheny.
1866. Wallace, M. W., M.D., 35 N. Diamond St., Allegheny.
1871. Wareheim, Edward A., M.D., Glen Rock.
1870. Waters, George H., M.D., 474 N. 6th St., Phila.
1870. White, N., M.D., New Castle.
1866. Williams, Thomas C., M.D., 567 N. 5th St., Phila.
1873. Williamson, M. S., M.D., 29 N. 11th St., Phila.
1866. Willard, L. H., M.D., 67 Arch St., Allegheny City.
1870. Willits, William, M.D., Williamsport.
1877. Winslow, W. H., M.D., 334 Penn Av., Pittsburg.
1866. Wood, James B., M.D., West Chester.
1873. Wood, Stephen, M.D , 264 Penn Av., Pittsburg.
1874. Young, J. H., M.D., 1910 Pine St., Philadelphia.

HONORARY MEMBERS.

1868. Dake, Jabez P., M.D., Nashville, Tenn.
1868. Doran, Charles R., M.D., Hagerstown, Md.
1868. Helmuth, William Tod, M.D., New York City.
1868. Paine, H. M., M.D., Albany, N. Y.
1868. Pulte, J. H., M.D., Cincinnati, Ohio.
1868. Rockwith, F. A., M.D , East Saginaw, Mich.
1868. Talbot, I. T., M.D., Boston, Mass.

CORRESPONDING MEMBERS.

1873. Alvarez, Paz., M.D., Madrid, Spain.
1873. Chauvet, Fernand., M.D., Tours, France.
1873. Eidherr, Francis, M.D., Vienna, Austria.
1873. Nichol, Thomas, Montreal, Canada.
1873. Pope, Alfred, C., M.D., London, England.
1878. Pereira, Ignacio, M.D., Bogota, South America.

SUPPLEMENTARY LIST OF MEMBERS.

1874. Rembaugh, A. C., M.D., Poplar and 15th Sts., Phila.
1875. Connell, B. F., M.D., Connellsville.
1875. Deetrick, John, M.D., Sharpsburg.
1875. King, John C., M.D., Allegheny.
1875. Lee, J. K., M.D., Johnstown.
1875. Slough, Frank J., M.D., Fogelsville.
1875. Slough, W. C. J., M.D., Fogelsville.
1875. Thompson, J. G., M.D., Allegheny.
1876. Cheney, Howard, M.D.
1876. Fager, Charles, M.D.

RESIGNED.

1875. Bowman, Benjamin, M.D., Chambersburg.
1878. King, John C., M.D., Allegheny.

HONORARY MEMBERS.

*Payne, Wm. E., M.D., Bath, Maine.
1876. Jones, Samuel A., M.D., Ann Arbor, Michigan.
1876. Lilienthal S., M.D., New York.

NOTE.—The Committee on Publication has tried hard to present in the foregoing pages a full and correct List of Members up to 1879. Information of any mistake in omission or commission will be thankfully received, and should be forwarded *at once* to the Treasurer, DR. J. F. COOPER, 87 Arch Street, Allegheny City.—ED.

* Deceased, 1877.

NECROLOGICAL REPORTS.

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Henry F. Taudte, M.D.
John G. Houard, M.D.
Marcellin Cote, M.D.

* No report of Dr. Scott was received by the Committee of Publication.

NECROLOGICAL REPORTS.

BY WILLIAM R. CHILDS, M.D., NECROLOGIST.

In making my annual report I delay until the latest day, hoping to hear from members in regard to any who may have deceased since our last meeting.

I have reason to congratulate the Society that so few of our members have been dropped from its lists, and at the same time would suggest the appropriateness of communicating to the necrologist in as short a time as possible the death of any of our members, with a full account of the same, viz., *a*, date of birth and place of birth; *b*, where educated; *c*, with whom he or she read medicine; *d*, where and at what time they received their diplomas; *e*, where, how long, and at what places they have practiced; and, *f*, any incidents of interest to the profession that may have occurred during their practice.

Hoping members will see the importance of having our Necrological Report correct, I submit this to the Society.*

DAVID R. STOUFFER, M.D.

Dr. David R. Stouffer died at his late residence in Stouffertown, Franklin County, Pa., on Monday evening, March 16th, A.D. 1874, of phthisis pulmonalis. He was born on the old Mansion Farm, one mile east of Chambersburg, April

* By a resolution adopted at the Annual Meeting in Pittsburg, 1878, the Necrologist was instructed to transmit a suitably prepared copy of each report of a deceased member to his or her family, besides tendering the condolence of the Society.

23d, A.D. 1850, consequently was in the twenty-fourth year of his age. He was a member of one of the oldest and most respectable families in the county, the Stouffers having lived in the same locality for four generations. At a very early age he gave evidence of unusual brightness, but unfortunately in his eleventh year he had a severe attack of neuralgia, which completely shattered his nervous system, and from the effects of which he never recovered entirely; it left him in a condition of system so susceptible that it was only with the utmost care that he attained manhood. As a natural consequence he could neither endure great physical labor nor bear close mental application, but his untiring energy more than compensated for his bodily infirmities. His youthful summers were spent on the farm, and his winters at the village school, of which he was a prominent member; afterwards he attended the Chambersburg Academy. In his eighteenth year, while under homœopathic treatment for the first time, he became so favorably impressed with it that he resolved to investigate the system, and almost immediately entered the office of Dr. B. Bowman, of Chambersburg, Pa. After the usual time, and attending two courses of lectures at the Hahnemann Medical College, he graduated in March, 1871. Soon afterwards he commenced the practice of medicine in Shippensburg, Cumberland County, Pa., where, by close attention to his profession and affable manners, he soon made many friends. In November of this year (1871) he contracted a severe cold after unusual night exposure, and in a few days serious lung trouble commenced. He soon found it necessary to abandon, at least temporarily, his chosen field of labor, and, in order to be free from all professional cares as well as to attend the clinics of the various colleges and hospitals, he spent the winter and early spring in Philadelphia. On returning to his old home his health rapidly improved, and in a short time he gathered up a very pleasant practice among his relatives and boyhood companions. About this time he married an estimable Philadelphia lady, and in due time moved to his own residence in Stouffertown, where he remained almost the balance of his days. Ever since his Shippensburg cold he had a more or less troublesome cough, and those who knew him most intimately had sufficient cause for feeling alarmed at his condition. As time passed on unmistakable signs of tuberculosis developed. He was, however, comparatively well during the summer and autumn of 1872. The early part of 1873 he

spent in the vicinity of Norfolk, Va., in company with his wife. The summer passed without any unusual developments, but the following winter set hard on him. It now, too, became evident that his will-force, which heretofore seemed unyielding, was commencing to give way. In February, 1874, he contracted another cold, which developed his disease with fearful rapidity, and soon brought his career to a close. His disease was lingering, and at times painful, but he bore his affliction with remarkable fortitude. Dr. Stouffer was a good neighbor and a kind friend, and his place will long remain unfilled. He was an earnest worker in the vineyard of homœopathy, and had already become a member of the Cumberland Valley Homœopathic Medical Society, the Homœopathic Medical Society of the State of Pennsylvania, and the American Institute of Homœopathy. Everything that pertained to the advancement of our beloved science received his hearty co-operation, and in his death our cause has lost one of its warmest friends and firmest adherents.

WALTER M. WILLIAMSON, M.D.

Dr. W. M. Williamson, the eldest son of the late Walter Williamson, M.D., was born in Delaware County, Pennsylvania, in 1836. He received a liberal education at the Academy of the Protestant Episcopal Church in Philadelphia, studied medicine with his father, and graduated at the Homœopathic Medical College of Pennsylvania in 1857. Soon after receiving his degree he located at Appleton, Wisconsin, where he remained in practice until the year 1860, when he removed to Philadelphia, where he remained in practice up to within a few days of his death.

Dr. Williamson was an able and active practitioner, energetic in all that he did, and a genial and warm-hearted man. He became a member of the American Institute of Homœopathy in 1858, usually attended its sessions, and was on several occasions appointed to the chairmanship of a bureau. He was one of the founders of the Pennsylvania State Homœopathic Medical Society, and of the Philadelphia County Homœopathic Medical Society, and was President of the last-named organization. He felt a deep interest in everything that concerned the welfare and advancement of homœopathy. Last spring he had a sharp attack of pneumonia, from which

he gradually recovered, and it was hoped that he would soon regain his usual robust health, but a troublesome cough, with occasional hæmoptysis, remained, with symptoms of emphysema. On Sunday, May 3d, 1874, as he was about to attend to his usual professional duties, he was attacked with an alarming hæmorrhage, which recurred on the following Tuesday evening, May 5th, and during which he died.

JAMES H. P. FROST, M.D.

Dr. Frost was born at Bethel, Maine, May 24th, 1825. He was the eldest son of the late Rev. Charles Frost. He was a graduate of Amherst, of the Class of 1846. Shortly after receiving his degree the doctor removed to Philadelphia, where he engaged in literary work and teaching for several years. Becoming interested in the study of homœopathy, he matriculated as a student of medicine in the Homœopathic Medical College of Pennsylvania, attending the first course of lectures at that institution, and receiving the degree of Doctor of Medicine in 1850. After spending several years at the South he returned to Maine, and practiced successfully at Bangor, achieving an enviable reputation as a skilful practitioner. Unable, however, in consequence of ill-health, to stand the severities of the climate and the labor and exposure incident to a large practice, he accepted, in 1865, the Professorship of Physiology in his medical Alma Mater, and consequently returned to Philadelphia, where he remained until 1868. During this period he, in conjunction with his colleagues, established the *Hahnemannian Monthly*, and was associated with Dr. Adolph Lippe in the editorial management of the journal. In 1867 he resigned the Chair of Physiology and accepted that of Pathology. This change necessitated the preparation of a new course of lectures, and under an accumulation of labors the doctor's health, which was never good, gave way, and in March, 1868, he was obliged to sever his connection with the college and journal, greatly to his regret and that of his associates. He spent some time in travelling and recreation, during which period of comparative rest he prepared a variety of papers of great interest and value for the American Institute of Homœopathy, the Pennsylvania State Homœopathic Medical Society, and the Central New York Homœopathic Medical Society, of all of which associa-

tions he was an active member. Most of these papers have been published in the *Hahnemannian Monthly*. His health being partly restored, Dr. Frost settled in Bethlehem, Pennsylvania, where he remained but a few months, removing from thence to Danville, Pennsylvania. Here, in a comparatively short time, he acquired a fine practice; but his health once more gave way, and, with brief but flattering intervals of ease, continued to decline until death came to relieve him of suffering and to rob his patients of their good physician. In the death of Dr. Frost the homœopathic school has sustained a great loss. There is scarcely a homœopathic journal published in the United States that has not been enriched by his writings; and the numerous papers contributed by him to various medical societies, and contained in their published Transactions, are all marked by a ripe scholarship and a vigorous intellect. His literary work was not, however, exclusively medical, and a large collection of unpublished manuscripts attest his industry, his ability, and the scope of his learning.

Dr. Frost was a genial, warm-hearted, and kindly man. He was ever ready to do anything in his power to serve a friend, even at the sacrifice of personal comforts and advantages. Dr. Frost departed this life Tuesday, January 21st, 1875; his memory will long remain green in the minds of those who knew him.

W. JAMES BLAKELY, M.D.

W. James Blakely, M.D., was born in Pittsburg, Pa., April 26th, 1839. At the age of ten he began a two years' preparatory course at St. Francis College, Loretto, Pa. In 1851 he entered the Georgetown College, D. C., graduating in 1857, with the highest honors of his class. Choosing medicine as his profession, he entered the office of Professor J. P. Dake, M.D., of Pittsburg, attending the Homœopathic Medical College of Pennsylvania; graduated March, 1861. He established himself in practice, first at St. Mary's, Elk County, Pa., where he remained until, some time in 1869, he removed to Erie, Pa. Here, after seven years of patient toil, through modest merit and conscientious fidelity, he achieved a high rank in his learned and honorable profession, when he was called to rest,—called where "in endless joy he liveth still."

Dr. Blakely was a member of the American Institute, one of the original members of the State Society, and a member of the Society of Northwestern Pennsylvania. At the time of his death he was President of the Young Men's Catholic Lyceum of Erie. He was a sincere and devoted Catholic, illustrating in his life the best principles of his religion. As a man and as a physician he was a most excellent member of society.

Dr. Blakely's mode of practice was strictly homœopathic, using chiefly high potencies and the single remedy. He was well versed in the Materia Medica, and was in charge of that department of the *Hahnemannian Monthly* at one time. His printed writings are mostly contained in that journal, the State *Transactions*, and one or two medical journals outside the State. The doctor has given us several provings, the chief of which was that of the Proto-iodide of mercury, some verifications of which he published in the *United States Medical Investigator* shortly before his demise.

Among his contributions to the State Society we find a case of "Santonin Poisoning," cured by Bell[3], and "Report of Committee on Drug Provings and New Remedies" in the *Transactions* for 1866 and 1867; "Caries of the Joints," "Report on Partially Proved Remedies," in *Transactions* for 1869. Was Treasurer of State Society 1869 and 1870. *Transactions* 1870, articles on "Hypodermic Injections." Was elected Orator of State Society for 1872, subject of address "The Scientific Development of Medicine." *Transactions* 1872, articles on "Cure of Symptoms not Recorded in the Pathogeneses of the Remedies," "Homœopathic Materia Medica—on the Necessity of its Revision by Reproving," and "Treatment of Variola by Variolin." Further notice of other contributions from his pen must be omitted.

I understand he had been engaged with Dr. Breyfogle and some others in the preparation of a repertory in the style of *Bell on Diarrhœa*, but on a more extended plan. *His own* portion of the work, for which the manuscript was nearly completed, was that relating to headache. In the bright forenoon of a useful life our friend and brother has passed away. He died after a short illness on January 14th, 1877, of pneumonia.

WILLIAM F. GUERNSEY, M.D.

This highly esteemed physician, the brother of our distinguished colleague, Dr. H. N. Guernsey, was born in

Rochester, Vt., on December 12th, 1814. Having attained a mature age before deciding to devote his talents to the practice of homœopathic medicine, he applied himself with the strictest assiduity to the task of making up for time lost in his preparation. He removed to Philadelphia in order to place himself more directly under the direction and instruction of his brother, and to avail himself of the advantages offered by the Homœopathic Medical College of Pennsylvania, from which he graduated in 1852.

Few physicians have more rapidly attained so enviable a reputation. Almost immediately after graduation he settled himself to an active practice, which he steadily pursued, almost without interruption, even for needful recreation, for twenty-seven years. He joined the American Institute of Homœopathy the very year of his graduation, and identified himself fully with the fortunes and interests of homœopathy by actively supporting the various State and local societies of the school.

Dr. Guernsey was a hard-working man in the truest sense of the word. Untiring in the fulfilment of his arduous duties, conscientious and exact in the study of his cases, and with a thorough trust in the sufficiency of the treatment determined upon, he inspired confidence in the minds of those who looked to him for relief. In such a life there is, perhaps, little material for an extended biography; but the true value of such a career is not to be measured by the number or the startling character of the events of which it is made up. By the large circle of patients and friends of which he was the centre, his loss is as keenly and deeply felt as if his whole life had been filled with a succession of remarkable incidents.

In the midst of his busy life he was suddenly attacked with enteritis, which rapidly assumed a serious aspect, and terminated fatally after a few days of intense suffering, in the sixty third year of his age. On Friday, February 16th, 1877, Dr. W. F. Guernsey passed from this temporal to his eternal home.

CARROLL DUNHAM, M.D.

The Society having appointed a committee to prepare a suitable report on the death of Dr. Carroll Dunham, said committee prepared and submitted the following, which was unanimously adopted:

FELLOW-MEMBERS OF THE STATE HOMŒOPATHIC MEDICAL SOCIETY:

Your committee appointed to prepare a special memorial and resolutions expressive of the feeling of the Homœopathic Medical Society of the State of Pennsylvania regarding the death of Carroll Dunham, M.D., of Irvington, N. Y., beg leave to make the following report:

Your committee is of the opinion that no action of this Society can be more fitting and appropriate than the placing on record its appreciation of the character of this lamented and very distinguished physician, its deep feeling in regard to the great loss sustained by homœopathy and the homœopathic profession in his demise, and its sincere sympathy with the family and friends of the deceased in their very great bereavement.

Resolved, That in the death of Dr. Dunham we recognize the loss of one of the greatest of American physicians, and one of the most prominent and useful members of the homœopathic school of medicine since the days of Hahnemann; one whose great talents were recognized and appreciated by his brethren throughout the world, and whose kindly nature, genial and hearty manner, great breadth of opinion and liberality of sentiment, vigor and force of character, endeared him to all who knew him, and commanded the esteem and respect of all with whom he came into contact.

Resolved, That we feel that the homœopathic medical profession has sustained in his death a great and almost irretrievable loss, but that while we have his example and his works we feel that we are not entirely bereft of the benefits we ever obtained from his counsel and genius.

Resolved, That we hereby express our sincere sympathy with his family and friends in their days of sorrow.

Resolved, That these preambles and resolutions be spread upon the minutes of this Society, and that a copy of the same be furnished by the Society to the family of the deceased.

Your committee ask your action on this report.

(Signed) R. J. MCCLATCHEY, M.D., *Chairman.*
W. R. CHILDS, M.D.,
A. R. THOMAS, M.D.,
COATES PRESTON, M.D.

RICHARD GARDINER, M.D.

The venerable subject of this notice was one of the oldest and most highly respected homœopathic physicians in the United States. He was born February 21st, 1793, in Darby, Delaware County, Pa., and died in Philadelphia on the 22d of March, 1877, having entered upon his eighty-fifth year. For more than sixty years he followed the vocation of a medical practitioner. Full of honor as of years, he has gone to his rest, and his memory will long be held in dutiful and affectionate regard by thousands who are allied to him by ties of kindred, or grateful recollection of tender and faithful services rendered. Not only was he a notable example of the ideal type of the true physician, but he deserves honorable mention for having given to the profession two sons and no less than five grandsons. He was the father of the late Professor William A. Gardiner, in his day one of the most able teachers of anatomy in the country, and also of our colleague, Dr. Daniel R. Gardiner, of Woodbury, N. J. He was himself, also, the son of a prominent physician of his native place, who was his tutor and guide during his preparation for medical honors. His early education was obtained at the common schools, but his habit of close application and his receptive mind enabled him to turn his defective opportunities to the best account. He graduated as Doctor of Medicine at the University of Pennsylvania in 1814, and the same year succeeded to his father's practice in Darby. While attending medical lectures in Philadelphia, he was in the habit of driving to the University from Darby, a distance of ten miles, every morning, and back at night. He practiced in his native place for fifteen or sixteen years, after which he removed to the neighboring city of Philadelphia, where he soon secured a firm foothold, and, ultimately, a large and remunerative practice.

About a year after his settlement in Philadelphia he announced his acceptance of, and belief in, the fundamental principles of homœopathy, which he had begun to investigate before his removal from Darby. He was not at all obtrusive or noisy in his advocacy of the new system,—such demonstration was foreign to his nature,—but he was none the less clear and decided in his faith.

He continued in active practice in Philadelphia till 1870,

forty-two years, when having reached the mature age of seventy-seven, he thought it time to make a change. He removed to Baltimore, which city seemed to offer a favorable opening for practice, with the intention of establishing himself there. The experiment appears not to have proved satisfactory, for, after a brief absence, we find him back in his former location as diligently pursuing his accustomed duties as ever. And there he steadily remained, keeping up his regular routine of daily work until within a few days of his death. His final illness was so sudden and sharp, and his suspension from business so brief before the end came, that he may be said to have died in the harness.

Dr. Gardiner was a man of stalwart frame, a vigorous and sturdy constitution, and his intelligent and open countenance was an index of the sincere and guileless character within. He had few words, but what he said was always to the point and marked by good strong sense. He was withal an exemplary and humble Christian, a member, for many years, of the Baptist Church.

The sickness to which he finally succumbed was pneumonia. At a special meeting of the Philadelphia County Homœopathic Medical Society, called shortly after the decease of this venerable member was announced, a memorial service was held; resolutions of sorrow and respect were adopted, and a delegation of its members appointed to act as pallbearers at the funeral.

As is well known, he was one of the original members of the Institute, and also of various affiliated associations.

JACOB JEANES.

Dr. Jacob Jeanes was born October 4th, 1800. His literary education was obtained in Philadelphia. His medical studies began under the preceptorship of the distinguished Dr. Joseph Parrish, and he received his degree of M.D. from the University of Pennsylvania in 1823. Dr. Jeanes practiced as an allopathic physician for twelve years. He was for several years physician to the Almshouse and the Philadelphia Dispensary. In 1835 he adopted the maxim of *similia similibus curantur*, and became a declared homœopathist. In 1838 he published a work on practice, which unfortunately is now out of print. He gave much thought to the improvement of

our Materia Medica, endeavoring to condense or select only the most characteristic symptoms, giving most attention to locality. He introduced the Rosa damascena, Juglans cathartica, Mel cum sale, Amygdalla Persica, Lobelia erulia, Anisatum stellatum, Pix liquida, Ulmus rubrum, Cholos terrapini, Comptoria, Stramonium sem., Chenopodium sem., Arctium lappa, and many others, particularly Benzoic acid, the knowledge of which is chiefly due to the labors of Dr. Jeanes.

He was one of the founders of the Homœopathic Medical College of Pennsylvania, in 1848, and was Professor of the Principles and Practice of Medicine in that institution in the years 1848 and '49. He was one of the original members of the American Institute, a member of the Philadelphia County Homœopathic Medical Society, and an honored member of our State Medical Society. The death of Dr. Jeanes occurred on the 18th of December, 1877, and resulted from an apoplectic seizure.

By a resolution, the Necrologist was instructed to transmit a copy of this report to the family of our deceased brother, and tender the condolence of the members of the Society, in their sad bereavment.

HENRY FREDERICK TAUDTE.

Dr. Henry Frederick Taudte was born in Kreisen, Prussia, in 1804. He was a graduate of the University of Halle in 1837. He practiced allopathy six years, and having heard of the success of homœopathy he sought and received instruction from Jahr, Lorbacher, and Müller, of Leipsic. In 1852 he emigrated to this country, and located in Birmingham, now South Side Pittsburg, where he practiced until his death. His close adherence to the law of the master Hahnemann, *similia similibus curantur*, gained for him marked success and enabled him to surround himself and family with all desirable home comforts. He was greatly beloved by his numerous patrons, and stood high in the estimation of his professional brethren. He was a corporator of the Homœopathic Hospital and Dispensary of Pittsburg, and served the first year of its operation with great acceptability as a member of its medical board. He was a member of the American Institute of Homœopathy, of the Homœopathic Medical Society of Allegheny County, and of the State Society of Pennsylvania.

Dr. Taudte practiced medicine forty-six years, the last forty strictly homœopathic, so much so that in his last illness he refused to take any palliative treatment, saying: "I never used anything of that kind in my practice and cannot take it." His death, which occurred March 27th, 1878, was from chronic cystitis.

JOHN G. HOUARD, M.D.

Dr. John G. Houard was born in the city of Philadelphia, Pa., February 11th, 1812, of French parentage. When quite young the family removed to the Island of Cuba, West Indies. He received his education partly in Cuba, in France, where he was sent for a few years, and in the United States. He first engaged in mercantile pursuits, and afterwards as a professor of languages, until about 1848, when becoming interested in homœopathy, he studied and graduated at the Homœopathic Medical College of Pennsylvania, at Philadelphia, in 1851. About 1850 he opened a homœopathic pharmacy in Philadelphia, which he continued about seven years, when, on account of his increase of practice, he retired from the business. Dr. Houard was an ardent follower of Hahnemann, assisting in proving many remedies, especially new ones; personally introducing and proving several new ones from the West Indies, such as Guaco, Andira inermus, Mygale avicularia, Comocladia dentata, Cedron, Plantago, etc. Though never writing any works, he was an indefatigable student, translating and culling interesting articles from foreign works and journals, and contributing from time to time many short articles to various homœopathic journals, etc. During the whole of his medical life he resided and practiced in the city of Philadelphia, and was always identified with the interests of his Alma Mater, his profession, and homœopathy. He was one of the curators of the Hahnemann Medical College of Philadelphia; director and visitor of the Children's Homœopathic Hospital of Philadelphia; member of the Hahnemann Medical Club of Philadelphia, of the American Institute, and of the Homœopathic Medical Society of Pennsylvania.

He was mild in his manners, retiring in his disposition, a Christian and the soul of honor; his practice was large, and much of his services charitably given, as hundreds of families

in the city of his birth could testify. The last illness of Dr. Houard commenced in the month of December, 1877, as a gastric catarrh, extending to the duodenum, and involving, no doubt, the mucous lining of the gall-duct. Attending this condition appeared marked jaundice. While the gastric trouble improved the jaundice continued, with the usual clay-colored stools and troublesome itching of the skin. The absence of all pain, with the enlarged liver and greatly distended gall-bladder, led to the conclusion that the obstruction in the gall-duct was a result of the catarrhal inflammation, rather than from pressure of a calculus. All efforts failing for the removal of this obstruction, the system gradually broke down, dropsy set in, and, worn out with suffering and loss of rest, he died from exhaustion on the 24th of April, 1878, in his sixty-seventh year.

The memory of his kindly deeds will long survive him.

MARCELLIN COTÉ, M.D.

Dr. Marcellin Coté was born in Cacouna, Lower Canada, in 1815. He received his literary education at the College of Nicolet, in the District of Three Rivers, Canada, and graduated in the year 1836. After two years spent in teaching school, having in his leisure hours studied medicine, he removed to the United States, and entered Bowdoin College, Maine, where in 1844 he received his degree of M.D. While practicing the old-school system, and attending the hospital clinics in the city of New York, he made the acquaintance of Charles J. Hempel, M.D., who first called his attention to homœopathy; he soon became convinced of its superiority over the old system, and at once adopted it.

In 1847 he removed to the city of Pittsburg, Pennsylvania, where he continued to reside until his death. Dr. Coté was a member of the American Institute of Homœopathy, one of the founders of the Homœopathic Hospital and Dispensary of Pittsburg, one of the founders of the Anatomical Society of Allegheny County, Pennsylvania, twice serving as its President; a member of the Homœopathic Medical Society of Allegheny County, Pennsylvania, twice its President, and a member of its Executive Committee for the last five years. Dr. Coté was one of the founders of this, the Homœopathic Medical Society of Pennsylvania, and was its President in the

year 1871. He has enriched the repertoire of our school of medicine by translating from the French the works of *Crozario on Midwifery*, and *Rappou on Typhoid Fever*.

The professional labors of our late member as a homœopathic practitioner in Pittsburg extended over the period of thirty-one years, and for the last thirteen he has been the oldest of our school in the city of his adoption, where he has dispensed the blessings of homœopathy to thousands of patients.

His energy and industry rewarded him with a large and remunerative practice, his dignity and probity of character commanded the respect of the whole community, while his genial manners and kindliness of heart endeared him alike to all, both young and old, who knew him. With his patients he was looked upon with love and confidence. Among the profession he was held in high esteem.

Dr. Coté, after months of suffering, died of chronic cystitis, and cystic disease of the kidneys, on May 29th, 1878, in the sixty-third year of his age. On May 31st he was laid at rest in the Allegheny Cemetery, his professional brethren acting as bearers and escort. "Requiescat in pace."

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* It is to be regretted that the annual address before the Society at its session of 1875, prepared and forwarded by Dr. R. J. McClatchey, President, and read in his unavoidable absence by Vice-President Dr. Joseph E. Jones, has been mislaid, and cannot be obtained. The MSS. of the addresses of Drs. J. C. Burgher and Joseph E. Jones are also missing, the former of which was never received by the Publication Committee; the latter was unfortunately mislaid and a copy cannot be procured.

HOMŒOPATHY;

ITS PAST, ITS PRESENT, AND ITS FUTURE.

ANNUAL ADDRESS

DELIVERED BY

J. H. MARSDEN, A.M., M.D.,

IN HAHNEMANN MEDICAL COLLEGE, PHILADELPHIA, 1874.

LADIES, GENTLEMEN, AND FELLOW-MEMBERS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF PENNSYLVANIA:

The soldier, when his conflicts are over, and the object of his strife wholly or partially attained, delights to visit the scenes of his past struggles and recall the incidents of bygone days. How often do we see him strolling over the once bloodstained heights of Gettysburg and tracing out with thrilling interest the various localities of the successive acts of the stupendous drama of the 1st, 2d, and 3d of July, 1863. When he has completed the survey, he stands, perhaps, at the foot of the monument since erected in commemoration of the battle. Here he is surrounded by graves, in which repose the remains of the thousands slain. He sees beneath him the beautiful village, tranquilly basking in the soft, hazy light of an October sun. The roar of artillery has died away—the clangor of arms has ceased. No sound is heard but the plaintive chirping of the bird, about to take its southern flight, the distant hum of peaceful industry, or the bell that calls the student to his daily toils.

Imagine, if you can, the emotions that swell his bosom when he contemplates the contrast of the present with a former and still well-remembered day. Not only the scene around him changed from the noise and confusion of battle to the most delightful tranquillity, but throughout the land, peace re-established and prosperity assuming her wonted course.

With similar satisfaction may we, the members of this Society, and the friends of homœopathy in general, look back from the point of progress it has reached upon the struggles through which it has passed, the conflicts through which it has been borne, the conquests it has achieved, and the trophies it has won. Let it then be our business for awhile to glance at the past that we may fully enjoy the contemplation of our present position, and hence look forward in joyous anticipation to our future.

It has been truly said by the wise monarch of the Hebrews, although at first view it may seem paradoxical, that there is nothing new under the sun. All great discoveries, indeed, that have revolutionized the world in any of its aspects have now and then loomed up to view long before they were permanently seized by the human mind. The wonderful power of the vaccine virus, for instance, in the prevention or modification of small-pox, had been noticed by milkmaids years before it was published to the profession and the world by the immortal Jenner. Occasionally, some abrasion of the skin upon the hand of the milker had received infection from the cow, and the subjects of the vaccine disease thus acquired thenceforward found themselves exempt from that scourge which in former days so often decimated extensive districts. These cases, doubtless few and far between, nevertheless furnished the hint which, when seized upon by a reflective and practical mind, was brought out as a discovery for the benefit of mankind.

It is supposed that Seneca, who flourished near the commencement of the Christian era, had indistinct ideas of the existence of a vast continent beyond the Pillars of Hercules, then supposed to be the utmost limits of the world. It remained, however, for Christopher Columbus to demonstrate the truth of his theory by visiting and landing upon the soil. But before this consummation, evidence of its existence multiplied, and grew stronger and stronger, so as to inspire that fearless mariner with so confident hopes of success that no discouragement could abate his ardor till he opened up to the civilized portion of mankind a continent, to them inconceivably vast in its extent, and which is probably to be the theatre of the most stupendous events to transpire in the "course of time."

Phenomena dependent upon the laws of gravitation, and unmistakably pointing to its existence, were observed long

before the days of Newton. "If there be," says Bacon, "any magnetic force which acts by sympathy between the globe of the earth and heavy bodies, or between that of the moon and the waters of the sea (as seems most probable from the particular floods and ebbs which occur twice in the month), or between the starry sphere and the planets by which they are summoned and raised to their apogee, these must all operate at very great distances." Here we manifestly perceive an indistinct conception of the existence of that law by which the planets are held in their orbits, and the comets regulated in their eccentric flight.

It remained for Harvey distinctly to enunciate that great physiological fact, the circulation of the blood; but it is very plain that anatomists before his day had inklings of this important truth. Realdus Columbus, who wrote twenty years before the birth of Harvey, has the following: "The blood once it has entered the right ventricle from the vena cava can in no way again get back, for the tricuspid valves are so placed that while they give a ready passage to the stream *inward* they effectually oppose its return. The blood continuing to advance from the right ventricle into the vena arteriosa, or pulmonary artery, once there cannot flow back upon the ventricle, for it is opposed by the sigmoid valves, situated at the root of the vessel. The blood, therefore, agitated and mixed with air in the lungs, and having thus in some sort acquired the nature of spirit, is carried by the arteria venosa, or pulmonary vein, into the left ventricle, from whence, being received into the aorta, it is by the ramifications of this vessel transmitted to all parts of the body." Had this writer stopped with the foregoing explanation we might have supposed his ideas of the circulation of the blood quite clear and correct. As he pursues the subject further, however, he becomes lost in a maze of confusion, and shows that he has but limited and indistinct views of the theme upon which he writes.

In like manner we see foreshadowed, long before its full development, that great discovery which has revolutionized surgery, so as to render practicable what was before deemed impossible, which has annihilated the horrors of the knife, and for the agonies of the operating-table has substituted a pleasing dream. So often has the power of agents, now called anæsthetics, to annul pain loomed up to the view that it seems astonishing that the full discovery was not made at a much earlier day. This can be accounted for only upon the suppo-

sition that those to whom the revelation was from time to time made were not earnestly and enthusiastically in search of means to alleviate pain. The ancient Egyptians it is said used many preparations for producing a state of intoxication, or ecstasy and consequent insensibility to pain. The principal agents in the composition of these were the Indian hemp and the juice of the poppy. We find at the time of the Roman Empire means were used for mitigating the pain of surgical operations. These consisted for the most part of potions administered by the mouth. According to Pliny and Dioscorides the root and the leaves of the mandragora were the principal ingredients in these preparations. Their anæsthetic effect was, however, probably very imperfect. It is said the Chinese surgeons of the third century used the Indian hemp for similar purposes. During the Middle Ages but little progress was made in the use of anæsthetics, or rather discovery had come to a dead standstill, while the horror of surgical operations had greatly increased. An interest, however, again revived in this subject, and in 1681 Denis Papin published a *Treatise on Operations Without Pain.* More lately, that is about the close of the last century or beginning of the present, the illustrious Sir Humphry Davy noticed that the inhalation of nitrous oxide gas mitigated the pain of cutting a wisdom tooth, and suggested its application to relieve the pain of surgical operations. But he was a chemist and not a surgeon, and therefore failed to carry out the hint to its legitimate application. So completely was this important hint lost sight of that not long before the full discovery of anæsthetics burst upon the world the great Velpian pronounced the expectation of a means for annihilating pain in surgical operations as a mere chimera. It was not until Horace Wells, of Hartford, intent upon the painless extraction of teeth, witnessed the anæsthetic power of nitrous oxide in the case of a naturally painful accident, that the idea was permanently laid hold of and fully developed. Similar to the foregoing is the history of a still more important discovery, that of the law of cure. I say more important, because of wider application and more extensive utility. To trace this to its origin it is necessary to look far back toward the distant horizon of time. Indeed the relation of *similarity* between the remedial agent and the disease seems to be an *original* idea with mankind. It is akin to that intuitive belief that the effusion of blood is necessary to the pardon of

guilt, and to *that*, that one should die for the safety of the many. The former of these we see distinctly pronounced in the offering of the firstlings of his flock by Abel, in the Levitical sacrifices of the Hebrews, in the costly hecatombs of the ancient Greeks and Romans, and in the declaration of Paul: "Without the shedding of blood there is no remission of sin." The *latter* is manifested on the part of the heathen in the pathetic story of Palinurus in the Æneid of Virgil. These original intuitive ideas, however they may become in the course of time mixed up with superstition and absurdity, are usually based upon some great underlying truth. It may seem to some perhaps an unwarranted stretch of imagination, as well as a bold and unfounded assumption, to assert that an intimation of the originality and truth of the law of similar, sustained if you please by divine authority, is found in one of the earliest records of the human race. The record to which I refer will be remembered by all in any degree familiar with the Hebrew Scriptures, and is found in the book of Numbers, the authorship of which is, I believe, by universal consent accorded to Moses, the great leader and lawgiver of the Israelitish nation.

The events here recorded are chronologically assigned to a period about 1452 years before the Christian era. As the Israelites, just liberated from a bondage in which they had served for several centuries in Egypt, journeyed to a country to which they claimed a title superior to that of those who then held it by occupation, they came to the borders of the land of the Edomites. These people, although descended from the same remote ancestor, the illustrious Abraham, ungenerously refused them the right of way through their territory, and indisposed, or perhaps feeling themselves unable, to force a passage, they were obliged to make a long detour in order to encompass the land. The Israelites seem to have been not very remarkable for patience under trials, and this disappointment and consequent additional labor, called forth from them the most unwarranted complaints, not only against Moses, but against God. Their contumacy was signally punished by a serpent, which was probably indigenous to the locality through which their misfortune obliged them to pass. It is characterized as a flying, fiery serpent—the former epithet probably referring to the rapidity of its movements, the latter to the metallic lustre of its scales, at least the original narrative seems to bear this construction. The bite of this serpent

was so terribly venomous that we are told "much people of Israel died." But the means of cure was mercifully granted. Moses by *divine command*, we are told, made a serpent of brass, an object *similar* in shape and lustre to that which inflicted the wound, and elevated it upon a pole, so that its healing virtues might be readily available by every suffering Israelite throughout the camp. The curative effects of the remedy were secured simply by the rays of light reflected from the image and falling upon the optic nerve of the sufferer. This application of it, and no other, was effectual, and we are led to believe effectual in every case, however desperate. The aged patriarch whose heart under the paralyzing influence of the poison had almost ceased to beat was led with tottering steps to the door of his tent, his eye directed to the serpent upon the pole; he saw and lived. May I then be indulged in the question, For what purpose was this striking *similarity* between the cause of suffering and the means of cure if not to foreshadow a law of nature, even then existing, but to be more fully revealed in the ages to come? Was it not to intimate that in process of time a law of cure should be discovered as much superior in its efficacy to formerly existing therapeutics as was this means of divine appointment to the bungling appliances probably resorted to by the Israelites? But however little typical significancy we may be willing to accord to the serpent upon the pole, certain it is that the homœopathic law of cure now and then came in sight in the course of ages long prior to the time assigned to its discovery. Discerning men saw it, laid hold of it, and for a time practiced upon it, most probably very imperfectly, and then for want of a steady grasp let it go, to sink again, and usually for a considerable time, out of sight. Had there been no prior intimations of the approaching revelation of such a law, had it burst suddenly upon the world, without anything to herald its approach, and as something entirely new, I would be strongly inclined to doubt its truth. "It is undeniable," says Professor Christison, "that all important discoveries in science at large are preceded by a period of incubation, as it were, during which the world is gradually prepared to receive them." For want of impartial research, however, or dreading the telling testimony of facts, he denies that homœopathy had any such period of incubation.

In a work attributed to Hippocrates, but probably erroneously, of nearly equal antiquity, however, the author teaches

that although the general rule of treatment be "contraria contrariis," the opposite holds good in some cases, viz., "similia similibus curantur." He states by way of illustration that substances, capable of causing strangury, cough, vomiting, and diarrhœa will cure those affections when produced by other causes. Warm water, which when drank usually excites vomiting, will sometimes cause it to cease when produced by some other agency. In the treatment of suicidal mania he advises "to give the patient a draught made from the root of mandrake in a smaller dose than will induce mania." In the writings of Hippocrates we see again and again, and unmistakably, the great homœopathic law looming up to sight. It is thus the traveller who has pursued his way through the long and weary hours of the night, astray it may be and uncertain of his course, sees in the east a faint glow of light; for a moment he rejoices, but then again suspects he has been mistaken. He eagerly watches the eastern horizon, and sees, or thinks he sees, the light increase. Soon the morning star appears to illuminate his dubious path. It rises higher and higher, and shines brighter and brighter, till its beams are lost in those of the rising sun, followed by the glorious effulgence of day. As each succeeding school of medicine rose, it seemed, at least momentarily, to see more distinctly the dawning light, and to leave its unmistakable record that it *had seen* it, although it was still permitted to vanish from the sight. The auspicious moment had not yet arrived, the fulness of time had not yet come, when the light of the great truth was to burst upon the world, destined no more to be obscured, but to "shine brighter and brighter to the perfect day."

It was reserved in the order of an inscrutable Providence, for the illustrious Hahnemann, in his patient analysis of medical doctrine, to evolve the great law of cure—to separate it from all heterogeneous doctrines, and to place it isolated and pure before the eyes of men. Often as it may have been indistinctly seen in the distance, as it were, by others, or even by the more clearsighted so apprehended as to be announced, although somewhat obscurely, yet in language that is unmistakable, it remained for the great reformer to take a firm and steady hold of this most important truth, tenaciously to retain it as something discovered unspeakably valuable, to attest it fully in practice, and then promulgate it for the benefit of mankind. But why was this? Had no mind adorned the world before Hahnemann equal or even superior to his?

When the time has come for any great discovery to burst upon the world, circumstances are not wanting *first* in some degree to prepare man for its reception, and then to effect its introduction. Man may err in his choice of suitable instrumentalities, divine Providence *never*.

If we will review the character, and trace up the previous history of the great reformer, we will see how wonderfully in him the means were adapted to the end. Inspired in early life with an insatiable thirst for knowledge, nothing could deter him from the pursuit. He was gifted by nature with most acute powers of observation, possessed a vigorous physical constitution, and therefore was capable of almost incredible endurance of toil, which was turned to the best account by being associated with an indomitable perseverance. As he toiled at the midnight hour, by the feeble light of a lamp of his own construction, he was cultivating those habits of industry and research which ultimately culminated in one of the most brilliant discoveries recorded in the history of the world.

But it was not only the peculiar character and early training of Hahnemann that contributed to his ultimate success, but we see as the time drew near other circumstances conspiring to the same end. He had carefully examined existing medical doctrines, had fairly tested them at the bedside, and had become dissatisfied with them, not only on account of the absurdities of their theory, but more so from the unsatisfactory results they were found to yield in practice. At the same time he was intent upon finding out a better mode of cure, deeply imbued with the desire to relieve, if possible, the sufferings of humanity. His elevated views of the benevolence of the Deity led him to believe that means to that effect existed could they but be found out. He saw the rich provision made for our daily wants, and believed it to be absurd, not to say blasphemous, to suppose that Deity had made no provision for the relief of the suffering which men necessarily endured, and often without any apparent fault of their own. Full of these convictions his mind was on the alert to discover where the means which he believed already provided might be found. In this, as in all the other affairs of life, the law holds good: They that diligently seek shall surely find. If we would *certainly* attain to the greatest success as physicians, a desire to relieve the sick must with us be *paramount* to all other desires.

When we consider the very imperfect condition of the healing art, and the widely prevalent distrust in its efficacy, at the time Hahnemann first promulgated his discovery to the profession and the world, we might suppose it would have been hailed with joyous acclamation, and himself honored as one of the noblest benefactors of mankind. But this would have been a departure from the usual conduct of the world. "He came unto his own, and his own received him not," applies equally to reformers in science as in morals. When the immortal Harvey announced his discovery of the circulation of the blood, it was received with distrust and sneers, and himself made the subject of the most unrelenting persecution. Some denounced his doctrine as an innovation, while others pretended that it had been known before, and he complained that his practice had materially declined after the promulgation of his discovery. His enemies, not satisfied merely with objections to his newly disseminated views of the circulation of the blood, charged him with unsound and dangerous practice in his profession. Jenner, upon the introduction of vaccination, it is well known fared in like manner. The same may be said of reformers in general, although their history may be forgotten by the mass of mankind. Even the profession in succeeding generations delight to build the tombs of the prophets, whom their fathers had slain, and garnish the sepulchres of the righteous, whom they had neglected and despised.

It will be sufficient, in order to glance at the past of homœopathy, to follow Hahnemann for a moment as he is driven by persecution from place to place, assailed by the jeers and taunts of those who ought joyously to have accepted his discovery, and honored him as its author. Scarcely had he commenced his practice in one town till he was obliged to leave for another. But during all this time he held on to the great truth, labored assiduously to develop it, and apply it to practice himself, and by his success rather than by his arguments to convince others of its soundness and importance. All this while, although the large body of physicians sneered, some, ever and anon, gave in their adherence, became his followers and partakers with him in his success as well as in his persecutions. School after school of medicine had arisen, but most of them had not long survived their respective founders. Doubtless this was the anticipation of its opponents respecting homœopathy. But on the contrary the influence of this great truth gradually extended, more and

more widely, proving itself like the leaven a woman took and hid in three measures of meal till the whole was leavened. It is said that when Harvey first promulgated his views respecting the circulation of the blood, but very few of that generation of physicians over forty years of age accepted his doctrine. Such is the tenacity with which men hold on to long-cherished opinions, and the prejudice they are apt to entertain against anything opposite, that we could, under this view of human naature, hardly expect the older members of the profession to accept Hahnemann's discovery. But apart from that prejudice, unreasonable and culpable as it may be, which seems nevertheless to be almost innate in human nature, there were other motives for the rejection of homœopathy still less excusable. Self-interest in various ways was seriously imperilled. Prominent members of the profession had already, as it were, stereotyped their opinions, either by written treatises, lectures, or open daily declarations, for a long time before the public. To cancel all this by a single act, by the adoption of opposite views and practice, would have been *honorable* and *independent*, beyond the point to which most men are able to attain. Besides there was the jealousy of rivalry, the fear of pecuniary loss, the forfeiture of old and valued friendships, all tending to bring about the lamentable rejection of a great discovery.

Much of the relentless persecution Hahnemann endured originated with the apothecaries of his day. They made shrines to the honor of the old goddess and no less to their own profit, and now their craft, and of course their gains, were in danger. Hence they cried most vociferously, so as to drown all other voices, however rational, "Great is Diana of the Ephesians!" The apothecaries, moreover, had the *law* upon their side, and they claimed, as a very large class of our people still claim, that to interfere with their sales, however injurious to public interests, was an invasion of their rights, against which they were entitled to protection.

Persecution, however, so far from extinguishing the great truth tended only to its more certain preservation. "The blood of the martyrs is the seed of the church." Hahnemann, by being, as it were, banished from professional society, was rendered only the more intent upon bringing his great discovery to perfection.

Hahnemann had the satisfaction of seeing the great truth for which he sacrificed so much borne to every civilized land before his death. True, it everywhere met with the same re-

ception on the part of the multitudes,—scorn and persecution. But it must have afforded him the highest degree of pleasure to see it gradually subduing prejudice and taking a strong foothold in every land where it has been introduced, its success being generally in direct ratio with freedom and intelligence. And could he have fully anticipated its future triumphs and benefits to mankind, he doubtless would have counted as nothing the toils and persecutions of life, his rejection even to the last, for it is said he was followed to the grave by only four of his nearest relatives. "Liber tandem quiesco," might well be inscribed upon his tomb. It was the freedom and rest of one who had nobly borne the burden and heat of the day.

Having thus surveyed the past of homœopathy, let us for a moment glance at its present condition. What is its present status? What has it achieved?

In the first place we must admit that our doctrine has not been even yet universally accepted. But homœopathy, although not everywhere received and universally practiced, is everywhere *felt*. The editor of an American edition of Hoblyn's *Medical Dictionary* appends to the definition of a quack, by way of amendment, no doubt, one who professes to cure, "in accordance with a single dogma." However honest and upright in character, our honesty was called in question. True, the bitterness of feeling and disposition to persecute still remains, but they are so held in check by enlightened public opinion everywhere, that they do but little harm and even cause but little annoyance. From this charge I think we may fairly infer that the success of homœopathic practice has been such as to command respect, and so to influence intelligent public opinion as to guarantee protection to its practitioners. It seems disposed to say to us, in the language of one high in position and office, "If you have anything better to offer us than we have had, you shall have a hearing and fair play;" and this, by the way, is about all we ask.

Not long ago homœopathic physicians were excluded from all official positions appertaining to their profession, under this government, said to be the most enlightened and free upon the earth. This is to some extent practiced still, but with far less facility. When attempted now the recoil of public opinion sometimes demolishes the perpetrator. We now begin to be recognized as a body, having rights which other men are "bound to respect." True, we have not, I be-

lieve, in this State, had any special legislation in our favor, but our petitions begin to command that respect and consideration which is due to a large, increasing and intelligent body of men.

The most pleasant aspect of the present status of homœopathy is the immense influence it wields over the general practice of medicine. None of the systems which have arisen in the past course of time, culminated, and again sunk into oblivion, has exercised any such power over the dominant healing art. Who among us, arrived at middle life, does not remember the almost universal employment of the lancet in all diseases of an inflammatory type? When the physician was called in, his first inquiry was whether or no abstraction of blood was to be practiced. The question was very generally decided in the affirmative, the exceptions being only in favor of those cases where already existing debility was supposed to contraindicate the procedure. Doubtless many a valuable life was sacrificed to this almost brutal practice. And where the life of the patient escaped its fatal effects, extreme prostration, prolonged sickness, and slow and unsatisfactory convalescence were the result. But homœopathy has taught the world that even inflammations may be successfully treated without bloodletting. Pleurisy, supposed to be the field in which the lancet achieved its most brilliant triumphs, now yields, under homœopathic treatment, speedily and satisfactorily without the loss of a drop of blood. Although our brethren of the other school have not adopted our practice, some of them have been sufficiently observant to see its effects. They consider homœopathic remedies equal nothing, and from this assumption logically conclude that nothing is better than their severe measures, and therefore practice accordingly. They content themselves with the use of simple palliatives, which, they wisely conclude, may do *some good*, while they will certainly do *little* harm. Mankind have undoubtedly gained much by the rejection of the indiscriminate use of the lancet. If homœopathy had done nothing more than to effect this, and having done this much, should immediately become extinct, it would richly merit the lasting gratitude of our race.

Few of the younger members of the profession have perhaps any adequate idea of the extent to which bloodletting was carried some fifty years ago. The practitioner was directed by authority to place his patient in the erect position, to open the vein with a large fleam, draw the blood, "pleno rivo," in full

stream, till approaching or actual syncope. If the disease proved too stubborn to yield to this heroic measure, bleeding was still to be persisted in "coup sur coup" till *something* yielded,—either *life* or the *disease*.

Without going so far as to say that the lancet may not in some rare cases, still be indicated, we may, I think, justly hold jubilee over its departure, and sincerely rejoice that for the most part it now rusts in its case.

Another practice no less barbarous, and still more disastrous in its remote consequences, has also yielded to the benign influences of homœopathy. I here allude to the excessive use of mercury. It was customary in inflammatory diseases, as soon as the vascular system was sufficiently depleted, and the action of the heart reduced through want of sanguineous fluid to distend its walls and stimulate them to contraction, to administer a dose of from ten to twenty grains of calomel. When the desired effects were fully produced, the treatment was continued by the administration of *small* doses of the same drug, from one to two grains every hour or two, till the gums were "*touched*," that is till salivation was produced. Time would fail me to recite the numerous instances I have seen of the sad effects of this practice, fortunately now nearly obsolete. The teeth were loosened from disease produced within their sockets, and one after another fell out. Gangrene of the lips and cheeks frequently took place, resulting in sloughing and the most distressing and loathsome deformities, requiring the utmost skill of the plastic surgeon to remedy, so as to render the life of the patient even tolerable. Death itself not unfrequently resulted from these sad effects. But if the patient escaped with his life, it was often to linger through a wretched existence, suffering all the evils of an irreparably ruined constitution, till an early but welcome end put a period to his earthly miseries.

It may be thought by some that this is an overdrawn picture; but far from this, it fails to convey an adequate idea of the half that I myself have seen. Thanks to the benign influence of homœopathy, this abuse of mercury is now probably rarely witnessed. Indeed even its *use* is to a great degree supplanted by that of iron and quinine—potent agents too, but still even in their abuse less injurious than that whose place they have taken.

Similar remarks may be made in regard to the excessive use of medicines in general. The drugging system is pretty

generally discarded by the more intelligent physicians of the old school. Nothing is more common than to hear it said, "Doctor so and so uses very little medicine." They trust more to hygienic and dietetic management in the treatment of the sick than formerly, and with a success more satisfactory to themselves, although far inferior to that obtained by homœopathic practice.

Another illustration of the influence of homœopathy in modifying the practice of the old school, is their now very common introduction of homœopathic remedies. Any diligent reader of their journals will find abundant evidence of this. Belladonna in tonsillitis and scarlet fever; veratrum, ipecac, and arsenic in vomiting, are a few of the numerous instances that might be cited. These are, of course, not old homœopathic remedies, nor is their use to be admitted as any acknowledgment of the truth of the law of cure. They are new discoveries, and as such are published in the journals for the benefit of the profession. Their curative action is explained upon theories entirely different from similia similibus curantur. But be it so; it is at least one step taken, it is true, in darkness, but *toward* the light.

Again, homœopathy greatly reduces the rate of mortality in disease. The ratio given by those who have made this matter a subject of investigation is as ten to seventeen—that is, for every ten lost by the homœopathic physician the allopathist loses seventeen. Without placing implicit confidence in these or indeed any statistics, every competent physician of our school knows by fair comparison of his results, that he loses fewer patients under similar circumstances, than his equally well-qualified competitor of the old school. The former too often labors under the great disadvantage of having the sympathies of the friends and neighbors of the patient all on the other side and against him.

In forms of disease usually not fatal, recoveries will almost always be found more rapid and complete under homœopathic treatment than under the other form. This has been tested again and again in the treatment of pneumonia, pleurisy and inflammatory rheumatism. Who does not remember the old saying in regard to the cure of the latter, "Patience and six weeks?" With careful nursing and the skilful use of homœopathic remedies, it seldom lasts beyond a few days.

I will yet mention briefly under this head that the old practice has been greatly modified by homœopathy in regard

to what has been called "treatment upon general principles." There is a much greater disposition now than formerly to individualize cases of disease. Such and such symptoms are supposed to give individual character to the case—they are the salient symptoms, the keynotes, if you please, and indicate the proper remedies to be used in the treatment.

But let us for a moment glance at the future of homœopathy. Having been gradually evolved, as we have seen, from remote and obscure intimations, struggled through fierce opposition, and the most persistent persecutions, to its present position, in which it commands a large amount of patronage and respect in every enlightened nation upon earth, what shall be its future destiny? Will it, like other systems of medicine which have successively arisen and culminated, suddenly sink into oblivion? Is its light but the glare of a passing meteor, soon to be extinguished in deeper gloom? Long ago it was predicted by one inspired, perhaps, but not with the spirit of truth and of wisdom, that before twenty years should elapse it would be buried with the superstitions of the past. It however still survives—not only survives, but is actually on the increase in perhaps every civilized land.

It is true that many systems have suddenly arisen, for a while flourished within a limited extent, and as suddenly perished, but this fact does not at all foreshadow the fate of homœopathy. The former perished, as it were, in *infancy*, long before they had attained the strength and stability of adult years. The latter has already long passed that season of peril, and now rejoices in the strength of mature life. The evanescent systems of which we speak sprang up suddenly, with mushroom growth, but soon perished under the penetrating beams of advancing science. The great truths of homœopathy, on the contrary, were gradually unfolded, and instead of being scorched and withered up, they have only spread wider, and taken deeper root under the light of increasing knowledge and discovery.

Homœopathy is revolutionizing—nay, has revolutionized the world, in a very important aspect. It has been truly said that revolutions do not move backward. The morning star rises at the hour of greatest obscurity, and with her enlivening beams penetrates the thick darkness of the night, but she does not again suddenly sink below the horizon, and leave the earth in still deeper gloom. On the contrary, she ascends higher and higher, till lost in the full effulgence of day.

The homœopathic law of cure is of general application, and its truth has been established beyond a doubt by experiments ten thousand times repeated. We have then a sure elementary principle, which can be indefinitely evolved—a foundation upon which we can build with the utmost confidence of security. We have thousands of industrious, well-qualified laborers, who are zealously striving to extend our science, and perfect our practice. With such a basis, and such instrumentalities at work, what may we not anticipate in our efforts to advance homœopathy? Every discovery made will furnish us a foothold, from which we can make discoveries beyond. As general science develops, it will throw more light upon our path, as it has already done. All truths are consistent with all other truths—they can never possibly disprove each other, but on the other hand, mutually confirm. Discoveries, therefore, in collateral sciences, will aid us in the extended application of our great law of cure.

When we reflect upon the progress homœopathy has heretofore made, despite the disadvantages under which it has labored, and the opposition it has encountered, it is not easy to form too high an estimate of its future progress. It is now only fairly prepared to improve the advantages it has already gained. And should it progress with accelerated speed, as we have sufficient reason to believe it will, through the course of another term of years equal to the past, who can suitably estimate the grandeur of its position then?

It has been the order of Divine Providence that man should *gradually* become possessed of the means of removing or mitigating the evils to which he is exposed. Amongst the greatest of his physical evils are sickness and casualties. We know the means within his possession in the early ages of the world for encountering these, were extremely rude and unsatisfactory. The true law of cure was at length revealed, its applications have been more and more widely extended, and doubtless will continue so to be. We have already seen its effects hitherto in modifying the existing modes of practice, causing a gradual approximation to its requirements, and this doubtless will continue, till the now heterogeneous forms will be blended into one.

May we not then with unutterable pleasure anticipate the increasing perfection of our art as the human race rises, as I believe it will, in the scale of being? Sickness more and more brought under the control of remedies, infantile life rendered

incomparably more secure, and adult years greatly prolonged beyond their present limits. To this progress we cannot fix a limit, until the day shall arrive when the functions of the physician shall cease, because "none shall say, I am sick," and when his "knowledge shall vanish away," because it shall no longer be required.

"See that ye fall not out by the way," is addressed with equal emphasis to us, the custodians of a noble trust. Shall we imperil the continued existence or even retard the progress of a cause which we believe of such vast importance, and fraught with such incalculable benefit to suffering humanity, by dissensions arising from trivial differences of opinion, or worse still, from personal animosities? Every noble sentiment of the heart answers *no;* the deep sense of responsibility which every man ought to feel toward God and his fellow-man, most emphatically answers *no.*

Having thus reviewed the progress of homœopathy from its first dawning upon the world, glanced at the present commanding position to which, through scorn and obloquy, it has attained, we are encouraged, as we have this evening done, to look forward in joyous and confident anticipation to its final success and complete triumph. We who are far advanced upon the downhill track of life may not—nay *will* not live to see that auspicious day. But we can at least in anticipation ascend the heights of Nebo and thence view the promised land. And though it be the Divine command that we go no further, but rest there in unknown graves, yet we shall rest in hope. And if we have faithfully discharged our duty in this cause, though the place of our sepulchre be so obscure that no man shall know it throughout coming generations, yet we trust it will not be unhonored or forgotten.

THE MIND.

ANNUAL ADDRESS

DELIVERED BY

J. H. McCLELLAND, M.D.,

In Library Hall, Pittsburg, 1875.

Mr. President, Ladies and Gentlemen:

In the production of high Art are found many apparently rough and unfinished sketches, which, to the casual or untutored observer, give little evidence of workmanship or design. Yet, it may be, the artist has by a few lines and tracings drawn a picture which commends itself to the cultivated beholder as suggestive of a grand idea; and the artist is assured of a refined conception in the mind of the observer which he could not hope to delineate with his pencil.

Although devoid of an artist's skill, it is my desire even in rude outline to offer to my colleagues and their assembled guests this evening a sketch which may, perchance, assume as much of form as will make it suggestive of the mighty theme I would have them consider and develop.

"Man is fearfully and wonderfully made;" true indeed of every cell and fibre of this wonderful microcosm, with its intricacies of organization, marvellous adaptations and mysteries of origin, growth and decay. Yet is it not a thousand times *more* true of man's inner self—the grand Ego—the sum of whose faculties is called Mind! Most "wonderful" in its powers and possibilities, in its deflections how "fearful."

With necessary brevity we will pursue this inquiry into man's highest nature—a study most worthy, attractive and of surpassing interest—and in order thereto will adopt the following division of the subject:

First.—The Nature of the Mind.

Second.—The Relation of the Mind to the Physical Organism.

Third.—The Relation of Mind to Medicine.

The Nature of the Mind.

Amid the heated controversies upon this subject—past and present—it is difficult to tell how much we know of the real nature of the mind. We may say it can be known only as all other things are known, namely—by its relation to other things; but it is right here the supreme difficulty is experienced—for while other objects have *limited* relations, the mind is *un*limited, and comprehends the complexity of all the relations in the universe. Yet the mind has never ceased its endeavors to arrive at a knowledge of itself, and we of to-day are forced to conclude that it is one of two things,—a material or an immaterial principle; for the universe is known to involve both of these.

But what of him dwelling in the deep recesses of antiquity —what thinks he of the Mind? To him no master hand was there to sweep the strings of the soul and elicit the truth. All around was matter in which was recognized an indwelling force; and as these could not be discriminated they were thought to be identical. Why not, therefore, conclude the human body, with its soul, to be similarly constituted? The soul was a force, but it must be material—for what else could it be? The minds of these savage philosophers could not grasp an idea that was not materialistic, and so while they must have had some ill-defined conception of an element within themselves, different from and superior to the objects around them, they could not conceive of anything that was not matter. This was the Philosophy, in all probability, of the first thirty centuries of history; for according to the researches of Mr. Tylor, in "Primitive Culture," the idea of the superiority of the soul to the body obtained in the human mind long anterior to the age of Greek Culture, though it never lost its materialistic coloring. Primitive philosophy, from the analogy of life, gave souls to plants and animals; in which we find an apology for the worship of these objects. At this point arose the doctrine of the transmigration of souls; which filled the air with disembodied ghosts on their silent passage from object to object,—a superstition from which even we of

to-day are not yet fully recovered. Those were shadowy days of truth, whose history necessarily is more a matter of speculation with us, than of record. It was the formative period of nations—a time when culture holds aloof from man, dwelling in desert tent or mountain cave, with no portico or scholastic shrine.

But soon, and with strange suddenness, appeared the wondrous Grecian nation, with an intuitive philosophy, and with a love and inborn power of patient combat for truth, which bade fair for a prodigious stride toward the light. Yet the noblest effort of the philosophy of Ancient Greece scarcely shed a new ray of light upon the inquiry: "What is the Mind?" It sought, it is true, to deliver new theories, but when it made the soul to consist of Fire and Air, instead of Vapor, an improvement can scarcely be said to have occurred. The chemistry of Empedocles had detected four grand elements in nature, and the soul comprised two of these. Aristotle added another to the four, and thus gave to the mind a subtler substance called the *quint*-essence. But it was matter still, and those dark ages bore the blight of a double materialism, which the lapse of thirty centuries had not dispelled. The Greeks of antiquity had failed to raise the soul from the dust.

At last the seventh, the sixth, and finally the fifth centuries before the Christian Era dawned, shedding a brighter light upon the rising vision of the philosopher than had ever before been enjoyed. Socrates, persuaded of his divine mission, arose and fell, and philosophy received from him an impress which seemed to augur well for a final response to the soul's inquiry. He was convinced that the soul was of divine origin, related to the Deity by the power of reason and thought, and consequently was wholly different from anything material. It is to be lamented that man ever fell away from these elevated views.

Then arose the broad-browed Plato, whose thrilling touch brought to the ear a world of harmony. He was a pupil of Socrates and with him philosophy first achieved popularity. Under Plato, thought escaped matter still more than was the case with his master, for it interrogated the unseen world of spirit. True he erred when he gave three souls to man (the greater in the brain, the others in the body), still he asserted man's highest nature to be pre-existent, rational, and immortal. He declared "that every habit or action of the soul

is innate," which we still believe to be true, although questioned, as late as the last century, by Locke. Long-continued materialism now began to decline, for truth was dawning. Plato had lived to bring to earth a divine conception of the soul, and died to be followed by a greater master—his pupil —Aristotle.

This great intellect excelled, in that he reduced Plato's best and truest ideas to an organic unity and form. The phenomena of mental manifestation brought him to many conclusions widely different from those of his preceptor, but still the inquiry which we are now prosecuting (as to the nature of the mind) substantially met with the same response. His powers of observation, under the guidance of that powerful logic, in which he was pre-eminent, laid a foundation upon which human thought has never ceased to build its metaphysical fabrics—because of its organic symmetry and beauty—and while he depicted the soul as cold and motionless, he argued that Matter was the inanimate, chaotic mass, and Form the organized being, the idea imparted *to* matter. Man, therefore, was called a *living organism.* He recognized the interdependence of mind and matter, though with Plato he endowed man with three souls: the nutrient, common to each animated kingdom of nature; the sentient, belonging to man and animal only; and the noetic or intellectual, peculiar to man alone. Man alone, he said, possessed that highest form of life, *a mind,* whose highest attribute was an immaterial, immortal soul, in direct sympathy with the divine. Here was light! Here the mind found its own native spirit-plane of thought, and man began to see that the soul was not *vapor,* nor yet *fire* and *air* combined, but a *spirit,* full of mystery, yet rational and immortal. Great as was this achievement of reason, still be it marked that much of uncertainty, and doubt, and error attended the pursuit of truth. Those deep years of the past were not as the night, nor yet the day, but as the twilight, with the still flashing star and the creeping dawn.

A few more centuries bring us to the Christian Era, when human thought was turned into another and better channel. And yet how the history of patristic lore bespeaks the difficulty of conceiving of the immaterial nature of the mind. We, of to-day, marvel that psychology was not more thoroughly evangelized; but let us remember the prodigious power which Pagan philosophy then wielded over human thought. Heathen materialism seemed still in the van, side

by side with Platonic and Aristotelian metaphysics. A most cursory glance at the further development of immaterialism must suffice.

Athenagoras, of the second century, was a Platonian, and Justin Martyr was not exempt from the same criticism, for he taught his pupil Tatian to say that there was "an *immaterial* joined to a *material* spirit in the human body." In the fourth century Gregory of Nyssa improved upon this when he said, "The thinking power does not belong to matter; otherwise, matter generally would exhibit it." But the world waited for the fifth century *after*, as it seems to have waited for the fifth century *before* the Christian Era. As Aristotle had proven himself to be a startling explorer, so now did St. Augustine appear a veritable Columbus in the pursuit of the inquiry as to the nature of the mind. With him mind was not a material principle, nor had it anything in common with matter. All mental phenomena, conscience, reason, memory, he argued, are not qualities or attributes of matter; such psychic inductions finally leading him into the purest and best of spiritualism, laden with the idea of indestructibility and consequent immortality. A little later in the same century Claudius Mamertus reiterated these arguments, adding others of great force—in fact anticipating many advanced a thousand years afterward by Descartes. Subsequent history could not overturn these, for they were truth itself, the product of reason, guided by revelation.

From this time we pass to the great reign of Scholasticism, with Thomas Aquinas as the central figure—the intervening centuries having been too much occupied with social problems, to give much heed to intellectual research.

The philosophy of the Middle Ages was chiefly Aristotelian. It had slept for centuries in Arabia, and was returned to Europe in the Saracenic invasion of Gaul. Now a universal revival of learning transpires, and although there existed with this development, much of mysticism and skepticism, inseparable from the rigid dialectics of the Schoolmen, yet the aggressive character of their dogmas left a firm impress of truth —preparing the way for coming ages.

The mind was now analyzed into faculties all purely intellectual, immaterial and immortal, and this product of Scholasticism ran down to the seventeenth century, not materially disturbed. Aquinas, the profoundest of the Schoolmen, largely followed Augustine, yet more than he, was a disciple

of Aristotle, still asserting that man had three souls. It remained for the great Descartes on the continent, and Bacon in England, to vitally attack its errors and give an impulse to its truth, which created one of the most important epochs in the history of philosophy. By them the metaphysics of the present day were founded. The empiricism of Bacon set aside Aristotelian logic and the dicta of speculatists, and laid the only solid foundation of knowledge upon the method of induction; and yet this empiric method proved also to have a skeptic element, for, as may again be noted, the materialism of Hobbes was an outgrowth of the Baconian philosophy. The path of induction is a dangerous one to the psychologist, and yet when pursued with caution, is a proper one.

In Descartes we have an idealist, towering above his own century and speaking in the nineteenth. With the masterly spirit of Aristotle, he struck the keynote of another method of truth in his famous aphorism "*cogito, ergo sum*"—that human Consciousness is the source of all philosophical truth. To this is owing the remarkable phenomena, in the history of intellectual development, seen in the German and Scottish schools of thought. Spinoza, Fichte and Hegel perverted the great Frenchman's idea of substance, by modelling a pantheism, destructive of soul not only, but of God himself. Kant and Leibnitz drank from the same fountain—in fact, Cartesianism flowed into every channel of inquiry, lending something of truth and purity to streams otherwise dark with error.

Our inquiry here finds much of light, for it were a royal highway to a knowledge of mind—this of consciousness. As Hamilton has abundantly demonstrated, every emotion, state, quality and power of the mind had a voice teaching man that he has a *spiritual* as well as a *physical* body endowed with various faculties.

But a shadow is likely to fall upon the brightest landscape. So it was with Cartesian idealism. In the latter part of this same seventeenth century, the sensationalism of Locke spread like wildfire throughout Europe, and thousands who had been imbued with the truth turned into the perilous wilds of the doctrine of Sensation. Sad that so good and great a man should have poisoned the fountain of knowledge. He reduced the soul to a blank piece of paper (to use his own figure) and deprived it of any nature save what it acquired through the organs of sense. Beautiful, persuasive and replete with information, he spun out a system with such consummate logical

power that the shadow of his philosophy has not yet passed away from human thought.

We cannot let the occasion pass without uttering our protest against this materialism—older than Epicurus (who asserted that "sensation is the source of human knowledge"), which originated the infidelity of the seventeenth and eighteenth centuries. We are not sure but that Bacon's induction has proven itself to have been the strongest ally which materialism ever had; not because it sweeps a circle to *prove* a centre, but because it is made to sweep a circle to *create* a centre. Take a few instances pertinent to our theme, that we may ascertain the length to which Baconian induction, working through Locke, led philosophy. Hobbes claimed, that as the senses perceive only what is material, therefore, "matter is the only reality." "The mind is physical, wholly material." "The phenomena of consciousness is the direct result of our organization." Locke was hardly a materialist, but Hartley, his disciple, "a noble man," found a warrant in sensation to say, that "thought and feeling are vibrations of the brain." Priestly asserted the same. Hume denied everything and arrived at nothing. Condillac pronounced mental phenomena to be "transformed sensations," and he was Locke's most brilliant disciple. It remained for Baron d'Holbach, a continental materialist, to establish the true product of materialism. He proclaimed that "matter and motion are eternal; thought is an agitation of the nerves; the soul is the result of our corporeal organization; the will the strongest sensation; the ground of morals, a regard for our own happiness. There is no freedom, no morality, no future existence, no God." Need I cite more? Nay, time and necessity forbid. With this I leave the materialism of the past to your comment, confident that this will suffice.

We come to the nineteenth century. Who has not read of Sheridan's dashing ride up the valley, or of Longfellow's fleet-footed hero, of whom it is told, "at each stride a mile he measured." But what snail's gait this to the strides *we* have been making down the centuries! The comparison should rather be to the prophetic celerity with which Puck was to girdle the earth. In this rapid transit we have but caught glimpses of such towering mountain-peaks as rear their heads high above their fellows. As we come to make mention of the philosophies of this later time, it will be evident no careful analysis is proposed, and will not be attempted.

But we hasten to this remarkable century, where, if possible, we are to focalize the light of the past and answer for ourselves the question, "What is the nature of the mind?" We are breathing an atmosphere pregnant with Aristotelian thought to-day. We are living in a world filled with the ideas of Epicurus, Socrates, Plato, Justin Martyr, St. Augustine, Thomas Aquinas, Bacon, Locke, Descartes, and the host of their followers. Empiricism, Idealism, Transcendentalism, Materialism and Sensationalism—all busy with the problem of the soul—sway the human mind to and fro between truth and error. France and Germany are poisoned with error, and England follows too much the devices of her own way. Enlarged scientific research has been added to ancient rationalism, producing a stronger type of single materialism than we have yet encountered. Huxley says he is no materialist, yet affirms that "it is utterly impossible to prove that anything whatever may not be the effect of a material and necessary cause." Is not the mind included in this? Undoubtedly, for he elsewhere says, as he rises from his microscope, that vitality is nothing but the molecular change of protoplasm, taking special pains to agree with Herbert Spencer, who teaches that "physical forces can be transformed into chemical, and chemical into vital;" distinctly stating that he includes the mental forces in his generalization. And yet these men are not materialists! If it be true that the mind or soul of man is but a form of physical force, having existence only as a quality or attribute of the material organism, and it be true that this organism, as such, hastens to its dissolution, then is it also true that "in this life only we have hope," for here it ends. This body must perish, and with it the mind which depends upon it for its very existence.

I would gladly continue these inquiries, but time admonishes me to desist. I will trespass upon your patience only to say that it has devolved upon Scotland to strike anew the keynote of Descartes, by putting into the ranks him in whom philosophy seems to have culminated,—Sir William Hamilton. The last utterance of the inimical doctrine of materialism from England was: "The mind is a voltaic pile, giving shocks of thought."—Mill. How grand did Hamilton appear when he erected *consciousness* as the standard of truth; making all we see and know real; the basis being the soul of man, at once the cause and end of all. Carpenter says: "The Psychologist of the present day views matter through the light

of his own consciousness;" and Beneke, who succeeded Hegel in the University of Berlin, and who, according to Raue, "created by his wonderful genius an altogether new science of psychology," taught that mental philosophy must be founded upon a strict and careful examination of the phenomena of consciousness. What is sensation and its resultant of ideas, if we are *not* conscious? or memory, or reason, or judgment, or conscience? What mean the hopes of a life to come, the clear-voiced admonitions of our souls of a moral universe with a moral ruler, if when we are conscious of these, we believe a lie?

Since the days of Athenian thought, the mind of man has been more or less believed to be an immaterial principle, and to-day we not only give assent to what is almost self-evident, but profess in the correct sense of the word the purest spiritualism, believing the mind to be a spiritual organon, clothed with the divine power of thought and endowed with faculties which make man a wonder to man. True, it is united with the body (and we will take occasion to refer to this phase of the subject again), for all we know of it is by physical manifestation and phenomena, and the complex relations sustained with them; but we deny that all the achievements of the intellect can be traced back to primary sensation or to the materialistic causes of Huxley and Mill. We deny that the soul has no native instincts and intuitive powers of perception and thought, so offensive to Locke. He who said, "First the blade, then the ear, after that the full corn in the ear," also laid down the same laws of germ-development for the mind. It comes into the world with all the potentialities of its subsequent attainments, and grows, as grows the oak-tree and the flower, into an ever-increasing strength and beauty.

But the *vital* principle of the oak cannot be known apart from the tree, nor do we intend to ignore the mysterious intimacy which exists between the mind and the body. We will, therefore, briefly inquire into the way in which the mind, the immaterial, immortal, and divinely endowed spirit of man, is related to his material organization—which will lead us to the second aspect of our theme.

The Relation of the Mind to the Physical Organism.

John Stuart Mill says (*Dissertations and Discussions*, Vol. IV, page 113): "Whether organization alone could produce

life and thought, we probably shall never certainly know; but that our mental operations have material conditions, can be denied by no one who acknowledges what all now admit, that the mind employs the brain as its material organ." This was written in 1859, in review of Bain's *Psychology*, and the conclusion here drawn is what we believe to be true, and is sustained by fact and analogy on every hand; and my great and good friend, Professor Raue (on whose instruction it was my privilege to wait), in an advance chapter of his truly great work on Psychology, thus refers to the cause and conditions of the senses: "Hence we conclude, that the first *cause* for the exercise of our senses lies in the *soul*, because a corpse neither sees nor hears, etc.; nor are these functions ever exercised to their full extent when the soul is preoccupied by something else, and does not or cannot receive the present external impressions. The exercise of the senses is therefore the activity of the soul. It is the *soul* that sees; it is the *soul* that hears, etc. Still, as long as the soul is united with a body, and through that body with the interior world, we may naturally suppose that its functions would stand in a conditional relation to the body, as well as to the things without. In this respect, experience teaches that if a person's eyes or optic nerves, or the portion of brain where these nerves originate, are destroyed, that person *cannot see*." And he quotes Winslow as saying: "The united action of *both the organ, the brain, and the mind* is essential to sensation. The organ, then, is the mental instrument of mind and matter—*the point at which the two worlds meet.*"

The late Dr. J. H. P. Frost, whose erudite contributions to our literature (especially in this department) constitute his living monument to-day, in a paper read before the American Institute, session of 1873, upon the subject of "Vital Dynamics," speaks of the relationship of mind and body as follows: "While admitting that as to his body man is placed in immediate and conscious relation with the physical world, and that as to his soul or spirit he is equally, although it may be unconsciously, placed in communion with the spirit world, it becomes evident that his life, as a whole, results from the alternate or combined influence of them both. And while thus holding fast to the inseparable union of body and spirit as the fundamental principle of our doctrine of life, and accepting and explaining all the phenomena thence resulting,—both from the reciprocal action and reaction of the body upon the spirit,

and of the spirit upon the body, and from the similar reciprocal action and reaction upon man of the respective physical and spiritual worlds,—we avoid the Scylla of mysticism, idealism, and spiritualism, on the one hand, and escape the Charybdis of materialism, sensualism, and pantheism on the other."

It is this wonderful interdependence of body and mind which has given rise to such contrariety of opinion as to the part each plays as cause and effect; but such a relation must be admitted and recognized, even if its explanation is unsatisfactory. The intimate relationship of the mind to the general organism is patent to all, as we find in the well-known physical conditions of health and disease, heat and cold, vigor and exhaustion, the effects of drugs and stimulants, and numerous familiar circumstances which operate upon even the most exalted mental faculties. On the other hand, it is no less true that mental states affect the body, and we have examples in the effects produced by fright, fear, grief, and joy upon digestion, the circulation, and the whole expression of the individual. You are familiar with the incident related of Louis XIV, who called upon this physiological truth to testify to his courage. It was when surrounded by a fierce mob; calmly turning to the infuriate multitude, with outstretched hand, he exclaimed: "Am I afraid? feel my pulse!" Well might he appeal to the sensitive rhythm of the heart-throb as certain to reveal the slightest perturbation of his soul.

But while it is unquestionably true that every portion of our physical frame exerts an influence upon the mind, and that the mind reciprocally affects every portion of the body, it is also true that the grand hemispherical ganglia called the Brain, is the special organ of the mind. And at this point it may serve a good purpose (I speak to my non-professional hearers) to take a casual glance at the structure of this highly complex organization. The brain, then, is composed of a large mass of nerve-substance, partly white and partly gray, the former constituting by far the larger portion. It is symmetrically divided into two hemispheres; has a larger portion called the *cerebrum*, and a smaller, the *cerebellum;* has at its base a most important set of ganglia or nerve-centres, known as the sensory tract, which it overshadows and covers, "as a hen covereth her brood." It is overspread with three membranes, one of which is in intimate relation with it, and notable for its extreme vascularity. That such is the case may be inferred from the fact that one-tenth of the whole quantity of

blood in the body is distributed to the brain by way of this membrane, and, further, that four-fifths of this amount is appropriated by the gray substance. In examining the brain exteriorly you are at once struck with the irregular depressions and elevations which meet the eye, known as the *convolutions*. These convolutions afford larger surface for the gray matter—important because the seat of nerve-power. The gray matter consists of an immense aggregation of cells, while the white is composed of millions of fibres or tubuli. Thus every glistening nerve throughout the body finds end or origin in masses of gray matter called ganglia, conducting impressions to and impulses from them. These nerve-centres or ganglia are not confined to the cranium (nor even the spinal column), but are distributed in various parts of the body, and have to do with the functions of organic life, and give forth motor-impulses. The number of fibres in a single nerve is something prodigious. For example, it is found that the third cranial nerve (having to do with the muscles of the eye) consists of perhaps fifteen thousand fibres, and the optic nerve of over one hundred thousand; and what is more wonderful, each of these fibres contains a core, thoroughly isolated, like the telegraphic wire of the ocean cable. It may be inferred from this that the number of fibres comprising the whole white substance of the brain must be immense, and so it proves, for it is estimated to consist of twelve hundred millions.

We are now fairly entitled to inquire, What is the meaning of this intricate system of nerve machinery? Time will only admit of a general reply.

The deep furrows by which the convolutions are formed do not exist in the lower orders of animals, and in none are they so marked as in man. Nor is this all, for it has been observed that their depth and development is in proportion to the culture and intelligence of the individual. German and French anatomists (as shown by a recent work by Ecker on the *Cerebral Convolutions*) are devoting much attention to this subject at the present time, and are endeavoring to localize brain-functions upon a more scientific basis that that whereupon rests the pseudo-science of phrenology. Farrier, of London, by an ingenious system of experiments upon animals, has reached some definite conclusions in this direction. But his plan of piercing certain localities of the brain with electric needles, it would appear, must lack in accuracy; for, in the first place, the brain-substance—a good conductor—might divert the cur-

rent to parts not sought to be reached; and, in the second place, the effects must necessarily be exhibited in a large measure by certain movements or defects of movement—the range of mental manifestation being exceedingly limited in dumb brutes. However, in some very recent experiments on the brains of monkeys, reported in the *British Medical Journal*, August 28th, 1875, the results are more definite, and are briefly as follows: First, destruction of the frontal region of the brain caused marked impairment of intelligence and the faculty of attention. Second, destruction of the gray matter of one side caused paralysis of voluntary motion on the opposite side of the body, sensation remaining unaffected. Third, destruction of the angular gyrus (located in the occipital region) caused blindness of the opposite eye, the blindness being only temporary, provided the other side was left intact. Fourth, by the same means it was found that the superior temporo-sphenoidal region is the seat of auditory perception (hearing). The lower part of this same lobe, in close proximity, was also found to be the seat of taste and smell. Other facts of a similar nature were elicited in these experiments. Investigations have also shown that the posterior lobes of the brain are not the seat of animal life and instinct, as generally supposed, but are in reality concerned in intellectual operations peculiar in a great degree to man, for many of the lower orders of animals are deficient in this particular portion of the brain. Some experiments would seem to indicate that the cerebellum is concerned in co-ordinating movements (and perhaps ideas) induced by impressions transmitted through the eye.

Whether a complete localization of the various faculties of the mind can or ever will be effected is somewhat doubtful, but I cannot refrain from making reference to the function of that important set of ganglia nestled at the base of the brain, known as the sensorium. Carpenter shows very clearly that the operations of the intellect, as exhibited in cerebral activity, may proceed without our knowledge (unconscious cerebration), but that this activity is manifested by means of what Riel calls "the nerves of the internal senses," which carrry the impressions down to the sensory tract. Now, it is known that this same centre is also the recipient of all *external* sense impressions, and we are thus forced to the conclusion that the sensorial tract is the *seat* of *consciousness*, taking cognizance not only of every impression made upon the senses from with-

out, but making us conscious of the various processes of the mind itself. Let me illustrate the *modus operandi* of the circuit thus indicated. If an impression is received upon the optic disk, the eye, it is at once conveyed to the sensory ganglion, to which the optic nerve leads, making the *mind's* eye conscious of it as a sensation. The impulse is continued up to the cerebral cells, where it is elaborated into an *idea;* if the impression has been painful, we experience an *emotion*, and if this results in a determination to remove the gaze, it involves an act of *volition*. Whatever the result of this impression conveyed to the cerebral cells may be, it is reported by means of the "nerves of the internal senses" to the sensorium, and the individual is then *conscious* of the effect this impression upon the retina has made upon the mind. How startling to contemplate the grandeur of such a function! That this little cluster of cells reveals to us the universe, as comprised in the world of mind within and the world of matter without; nay, brings soul face to face with soul, and is even the instrument by which man is brought into communion with his Maker, seems most marvellous.

We have spoken of the immense multitude of cells and fibres constituting this "organ of the mind," and now we might inquire how this large number are required for its various operations. Let us observe how one of the faculties, *the memory*, might employ very many of them. Memory is composite in its nature, underlying and forming the very foundation of the intellect. It is the scroll upon which is written, in characters indelible, every thought, emotion, experience, and acquirement of the soul. Without it history would be a blank, and however we might desire to drink of the clear waters of Lethe,—that we might forget the sorrows of earth,—yet we shrink from the thought of burying the past with all its blessed memories and accumulated treasures in the deep sea of oblivion. Life must have its retrospect. Maudsley says, "in every nerve-cell there is memory;" but he also recognizes a species of memory in every organic element of the body, and instances not only all of the automatic movements which require memory in the nerve-centres, but refers to the unchanging character of a scar upon a child's hand, which (quoting Mr. Paget) "grows as the body grows, and evinces that the organic elements of the part remember the change which it has suffered;" and so "in a brain that is not disorganized by injury or disease, the organic registrations

are never actually forgotten, but endure while life lasts." We may not wonder, if this be true, at the surmise of De Quincey, that "the opening of the Book at the day of judgment shall be the unfolding of the everlasting scroll of memory;" or at the beautiful words of Wordsworth:

> "And when the stream
> Which overflowed the soul was passed away,
> A consciousness remained that it had left,
> Deposited upon the silent shore
> Of memory, images and precious thoughts
> That shall not die, and cannot be destroyed."

If such is an example of the function allotted to these marvellous little cells of the gray matter (and that each operation of the mind bears a direct relation to cellular activity, we may not doubt), then it is by no means strange that they are counted by millions, for the different phases of mental activity are apparently endless. The limit of mental acquirement has, however, been estimated by some curious inquirers, the estimate being based upon the number of cells in the brain.

But, having reached the cell and remarked upon its probable function, can we go farther? Shall we pause to inquire, What of the philosophy of vitalization? Whence comes the spark? That there is waste in the nerve-cell, consequent upon mental exertion, is accepted as true; and there is also a corresponding reparative process by which each cell maintains its identity. This energy and continuous conservation of identity, we may say is Life. But life, it is claimed, is due to intermolecular activity. Now where do they (the molecules) derive *their* vitality? Biologists tell us of the living matter in the cells or germ,—the bioplasm,—but the discovery of its existence, and investigation of its properties, by no means settles the question of its derivation, or makes it certain that it is formed from lifeless material. This would be a strange anomaly in nature—a progeny without a progenitor.

The distinguished biologist, Beale, however, makes such admirable deliverances, applicable to this subject, that I will rest content with a few quotations from him (*Disease Germs*, pp. 37 to 59).

"Several scientific authorities of high repute have of late summed up very distinctly in favor of the doctrine of the formation of living beings *directly* out of lifeless matter, with-

out the instrumentality of pre-existing living matter." . . . "Nevertheless, every one admits that in all the instances he knows about, the living being did, without doubt, come from a pre-existing living being." . . . "Moreover, those who have advanced this theory, and those who have given in their adhesion to it, have not intimated how we may ascertain *when* the aggregation of lifeless particles assumes the living conditions; and they have left us completely in the dark as to *what* occurs when the marvellous change in question takes place. What a wonderful disturbance must occur at the instant of animation! What a violent dislocation of elements which were combined as compounds, and what rearrangement must take place when the inanimate collection of molecules starts into vitality! What sort of force effects the change, and whence arises the destructive force and the constructive power? Not a word of explanation on all this." . . . "Every one interested in this wonderful problem naturally desires that he should give us some idea of the view he has formed, in his own mind, regarding what takes place at the moment when the mode of the force ceases to be physical and becomes vital—when the passive atoms become active organisms—when the inanimate leave the state of lifeless rest and assumes that of living activity—when the matter acquires converting power which it never possessed before—when after having collected together by aggregation, the now living matter begins a new existence, and, instead of aggregating, its particles move away from one another,—separate, never to join again." . . . "However absurd and against all the accumulated evidence of observation it may be to believe in the immediate creation of any particular species of complex plant or animal, it is at any rate equally absurd, and quite contrary to any evidence yet obtained, to maintain that living forms result from the direct combination of particles of inanimate matter." Let us say rather, with Sir William Hamilton, that "life proceeds from life and nothing but life."

Nor does it improve the case to asssert "that advancing knowledge more and more clearly proves the dependence of life on physical and chemical processes." (Maudsley.) Chemistry, by rubbing its sticks together, need not hope to elicit the vital spark. Chemistry is analysis; vitality is synthesis, and therefore antagonistic. The Hindoos thought the world was supported by an elephant, and, as we understand it, chemistry wants to be that elephant. The world, however,

turned out to be supported by a Stronger Power, and these Hindoo biologists may discover that life—the soul—does not depend for existence on the fizzings of the laboratory, but on a power infinitely higher than anything dreamed of in their philosophy. What if they should find the elephant on their hands? We rest content with modern biological research and argument, in so far as it struggles to unfold the process of vitalization as occurring in the human organism; but when chemical force is asserted to be the only vital principle, the apparent want of dignity in the conception forbids our credence. As before intimated, the mind and body are co-related and interdependent, but the point of mysterious union must remain unfathomable to science. The brain is doubtless the instrument of our psychical powers, and they depend for degree and quality upon proper cerebral nutrition, as is evident from the effect of malnutrition upon the mind. Here seems to be a materialistic basis, and here the spiritualistic hypothesis must suffer a compromise. But both are in a measure wrong. The first entirely eliminates the highest grandeur of man,—his moral nature; and the other, when pursued to an extreme, completes too great a severance between mind and body.

Let us conclude, therefore, that as man is a denizen of the universe, his relations with it are infinite. Number is infinite in its downward as well as its upward scale; and mathematics cannot define the integer—just where the point of unity occurs. So is it in the relation of mind to matter, the point of unity must ever remain undiscovered. We are not frightened by the microscope as it peers deeper than even the most refined vision; but let us not forget the telescope by which to sweep the heavens, or the scale will be incomplete, and *Man*, the microcosmic unit, will be wanting.

But let us hasten to the last division of our subject,

The Relation of the Mind to Medicine.

The intimate relation of mind to body, which has been shown to exist, carries with it the inference that there is also a relation of mind to medicine. For, unfortunately, even this higher element of man's nature is not exempt from the disturbing influences of disease, and hence, with good right, appeals to medical science for remedy.

Abnormal states of mind are of every grade and conceivable

variety, from the most harmless delusion and exhibition of temper, to the incoherent muttering of the imbecile, or the wildest ravings of the madman. Without, therefore, attempting a classification, which at all events is unnecessary in this connection, we may include every mental disturbance under the head of *mens insana*,—unsound mind.

The causes of many of these disorders have been successfully ascertained, while many others still remain enveloped in obscurity. Some of the most important are hereditary descent, excesses, the abuses of narcotics and stimulants, mechanical injuries, and any of the numerous agencies which are productive of malnutrition. And while any bodily disturbance may affect the mental equilibrium, it is not less true that purely moral or psychical influences are sufficient to produce similar abnormal conditions. The resultant pathological changes exhibit an equal variety, although it not infrequently occurs that the eager scalpel retires from the search, baffled in its efforts to discover even the slightest textural change, and this too in particular cases that have manifested the most violent symptoms during life. We may admit, however, that every mental derangement has a corresponding and coexisting disturbance of the physical organism.

But it is the relationship of mind to medicine that should occupy the remaining moments of our limited time, and it is to this phase of our subject your attention is asked.

The general management of the insane to-day, in its best aspects, is but another illustration of historical repetition. As we have seen that Greek philosophy in many respects was in advance of subsequent ages, which should have been ages of development, we also find that in those early days most correct ideas of treatment prevailed. Thus we find that Asclepiades pursued a most psychical method of cure, "making use of wine, music, employment, and special means to attract the attention and exercise the memory." He recommended that bodily restraint should be avoided as much as possible, and that none but the most dangerous should be confined in bonds." The methods here advised are those found most successful in the management of the insane at the present time, although sufficient emphasis is scarcely given to "*employment* and special means to attract the attention and *exercise the memory*." The principle of substitution is a most important one, and is sometimes the only means by which the mind can be diverted from a morbid train of thought; so that our efforts

to lift the mind from the contemplation of that which is unpleasant or injurious, may be utterly unavailing, unless another subject be introduced with which to occupy the attention. And be it marked, the subject so introduced, to be successful, must not exhibit too great a diversity from the state of mind sought to be relieved. As for example, we would not relate a laughable story to one stricken with grief, with the hope of imparting consolation or permanent benefit, but rather the sympathetic utterances of like sorrows. Shakespeare appreciated a psychic truth when he said, "and this news, which would have made me sick, being sick, hath in some measure made me well." It relieved that which it would have produced, a correct principle in every respect.

In regard to the prevailing method of treating those of unsound mind, it is not my purpose to pursue a course of adverse criticism (however just such a proceeding might be), but I will refer to this subject only enough to show that it *is essentially negative*, in so far as it relates to a scientific curative treatment of this unfortunate class.

It is admitted that derangements of the mind, occurring in connection with certain diseases of the body, disappear upon the restoration of health, and that improved hygienic conditions, moral as well as physical, are sufficient in many cases to restore the mind. But in well-marked and persistent cases of mental derangement, occurring sometimes in connection with excellent bodily health, I cannot discover that the ordinary methods attempt to accomplish anything more than restraint and the enforcement of good sanitary regulations. Asylums for the insane are an absolute necessity; and in so far as they place the patients under improved influences, keeping them from exciting causes and preventing bodily injury, the means employed are ample and admirable; but the medical treatment seems devoid of any specific purpose, except the procurance of sleep and the suppression of violent maniacal outbursts. To this end narcotics, such as Opium in its various forms, Chloral, Bromides, Digitalis, Cannabis indica, and similar remedies are employed, not forgetting the occasional immoderate use of Conium. The use of these remedies is, perhaps, not so negative, but if positive, is it for good? Permit me to offer a few quotations from some standard authorities, that I may not be understood as characterizing this treatment unfairly. J. Thompson Dickson, Lecturer on Mental

Diseases in Guy's Hospital (*Medicine in Relation to Mind*, Appleton, 1874), after discussing the various remedies employed, viz., Opium, Chloral, Cannabis, Conium, Digitalis, and Tartar emetic, remarks: "I have given Chloral in very large doses, without producing sleep, and though in some instances I have found it of value, in others it has appeared to me to be absolutely useless. Of all medicines, however, Chloral is the one most to be relied on." Yet in the *London Lancet* of a recent date, the editor discusses its effects as follows: "Each region of its influence presents an example of perverted action. The will becomes weakened; the evidences of the senses are perverted; the sufferer becomes 'nervous,' emotional, hysterical. Ultimately still graver consequences may result. Delirium, imbecility, and paralysis of the pharynx and œsophagus are among the symptoms that have occurred in recorded cases." Hammond remarks (*Diseases of the Nervous System*, p. 383): "The Hydrate of chloral is a dangerous remedy. I have seen it produce great increase in the maniacal excitement." In this work of Hammond's, containing 749 pages, five are *spared* to the treatment of the insane.

In Maudsley's late work on the *Physiology and Pathology of the Mind*, containing 442 pages, there are just three pages devoted to the medical treatment of mental derangements, in which are mentioned some half dozen drugs (as above quoted), and these receive but qualified indorsement. Of Opium he says: "This drug is particularly useful in that state of mental hyperæsthesia which so often precedes an outburst of insanity." Further on in the same paragraph he says that "successive injections of Morphia, though followed by brief snatches of fitful sleep, have been followed also by fatal collapse or coma." Dickson (previously quoted) comments as follows: "Opium checks the secretions which it is your object to promote, and in acute mania it rarely produces sleep; moreover, if it does so, it accomplishes the end only by carbonizing the blood." A recent authority declares that the continued use of Opium destroys the moral sense, and renders the individual incapable of judging between right and wrong.

Digitalis is a drug much admired by some practitioners, and Maudsley says of it (page 440), "In cases of great excitement—maniacal or melancholic—where it is advisable to give Opium, large doses of Digitalis sometimes produce good effects in tranquillizing the patient;" but he further remarks, "I

have certainly known an acute maniacal patient to drop down and die in collapse after taking repeated large doses of Digitalis." Another excellent authority says: "The action of Digitalis is very uncertain, and may produce syncope, and even fatal syncope, when you least expect it."

And so with the use of the Bromides, that are recommended by many to the extent of *bromism*, which consists, according to Brown-Séquard, of "a decided lack of will and of mental activity, dulness of the senses, drooping of the head, considerable weakness of the body, and a somewhat tottering gait." The remainder of the meagre list I find discussed in similar or less favorable terms; nor do other authorities which have been consulted add materially to those already quoted. The conclusion is, therefore, forced upon us (and coincides with personal inquiries), *that no specific treatment of mental derangements is attempted*, unless what has been described is accepted as such.

Let me not be understood as detracting from the well-earned fame of any, for the grand array of laborers in the various fields of medical science, in all times, have given the world some magnificent results of their patient toil, and are entitled to our homage and gratitude; but it is a singular fact (in regard to the practice to which we refer) that the labors and discoveries that have made them great have not been in the particular sphere towards which all the collateral branches of medical science should tend and culminate, namely, Therapeutics—the *treatment* of the sick. Researches in the science of pathology (knowledge of disease) have been simply marvellous; but should the *cure* of disease be passed by with scarcely a mention, as indicated by the proportion devoted to Treatment in the standard works from which I have just quoted? I would have preferred passing in silence this question of therapeutics, were it not for a sense of loyalty and justice to a system which has been everywhere stigmatized by those who lay claim to the exclusive right of treating the sick, whether of body or mind, but whose practice scarcely justifies such an assumption.

It may well be asked if the whole wealth of medicinal agents which exist in every kingdom of nature, is utterly useless to the poor sufferer from mental disorder? It would almost seem as though the wretched ones turned to the new Therapia with the oft-repeated appeal of Macbeth:

> "Canst *thou* not minister to a mind diseased,
> Pluck from the memory a rooted sorrow,
> Raze out the written troubles of the brain,
> And, with some sweet oblivious antidote,
> Cleanse the stuffed bosom of that perilous stuff,
> Which weighs upon the heart?"

With your leave we shall inquire for a moment into the merits of this new system, that we may the better judge of its ability to respond to this appeal.

Our great master, Hahnemann, not content with having discovered a law in medicine, pursued to a remarkable extent the study of drugs as affecting the healthy human organism. This physiological and truly scientific method revealed to him the fact, that every drug affects in greater or less degree, not only the body, but the mind as well; and a moment's reflection will teach us it could not be otherwise. For if morbific disturbances of the *physical* organism are accompanied by corresponding disturbances of the *mental*,—a self-evident truth,—it should not appear strange that *drugs*, which all admit disturb bodily functions, have also a specific influence upon the mind.*

But does this truth bear any relation to the *treatment* of the mind diseased? Let us see: Repeated experiments have shown that the effects produced by drugs upon body and mind bear an exact similarity, in every particular, to the symptoms we find present in *diseases* of body and mind. Now, it is easy to understand that if a drug produces symptoms exactly similar to those found in a given case of disease, it must do so by acting upon the very part diseased and in the very manner of the diseased action—*else the symptoms could not be similar*. You may say, "This is treating symptoms;" but are not symptoms the language of disease and the only means of its making itself known? You see what an advantage this gives us in the treatment of obscure affections (particularly of the brain), for while the *cause* of certain, even violent, symptoms may be in doubt, yet the drug which would produce *like* conditions may be obtained and applied with signal relief.

But does it necessarily follow that although drugs possess this power of inducing such striking resemblances to disease,

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* "For there is not a single potent medicinal substance in the world that does not possess the power of altering, perceptibly, the mental state and mood of a healthy person trying the drug; indeed, *each drug affects the mind in a different manner*."—*Hahnemann's Organon*, Sec. 212.

that they will, therefore, *cure* them? We may safely say it does. Nature would never establish such an unvarying relation between drug action and disturbed vital action without a purpose and a meaning. Besides it is in unison with all of nature's recognized laws, and not antagonistic or inconsistent with any of them. Every child in science knows that a force will neutralize a force similar to itself. We find it true in electric force—two negatives neutralize, and it is the same with the positive; and so in spectrum analysis, "It seems very singular that the sodium vapor, which gives off a yellow light, should *absorb yellow light;* and yet nothing in reality is more true, or more likely, from being in accordance with many other facts in science." (Roscoe.) Thus we find in Kirchhoff's law but a phase of the universal law of *similia.* It is a law governing all force, medicinal or otherwise, and its practical application *raises medicine to the dignity of a science,* while otherwise it is but an empiricism.

Many object that homœopathy is the practice of an exclusive dogma, but as well might they object to the mechanic, who regards the law of gravitation. So far from being exclusive, there is not a medicinal substance or agency in the universe which may not be employed *curatively* in accordance with the homœopathic law. Very true is it that many of the measures adopted by the "regular" practice are in conformity to this law, and very notably the introduction into the system of cow-pox (and in very minute quantity be it remarked) to neutralize the similar virus of small-pox. Thus every time vaccination is performed, no matter by whom, Homœopathy of the purest type is practiced.

The scientists of to-day have resolved everything into force, and Hahnemann used synonymously the terms vital, dynamic, and spiritual force (to the latter of which some have taken exception), believing that disease was a disturbance of these forces, which in time would result in textural changes. The same term has been applied to the vital energy in the drug, and thus we have force combating force.

But the conclusive argument after all is in the practical experiment, and to this crucial test we submit our claims. We find, for example, that Belladonna will produce congestion of the brain, manifesting itself in a general feverish condition and quick, nervous manner; flushed face, flashing eye, dilated pupils, increased mental activity even to delirium, with fantastic illusions, frightful figures and images before the eyes.

Such a picture is not an unusual one in a sick-room, and when found, the administration of Belladonna in quite small quantity will rapidly overcome the whole difficulty, leaving the patient perfectly recovered.

The mental condition produced by Arsenic is also very striking, resulting from an impoverished state of the blood. The symptoms are, "distressing anguish, restlessness, suspicion, despair and madness," all marked symptoms of malnutrition, for which Arsenic, in minute doses, is the curative remedy. (It will appear plain to many why, in giving a drug homœopathically, it is *necessary* to give a small dose, but as that question cannot be discussed at this time, I will only add that it has nothing to do with the principles of homœopathy, and is only a matter of experience, as in the other school.)

I will not multiply examples to show that drugs produce symptoms exactly corresponding to the symptoms of disease; it is susceptible of demonstration by any one at any time. It is sufficient to say that in the Materia Medica of the Homœopathic School (the completed work comprising some fifteen large volumes—a grand contribution to medical science) the descriptive record of the effects of each drug upon the human organism, details also the effects produced upon the mind, forming a basis for the treatment of mental disorders nowhere else to be obtained. And further than this, Constantine Hering, of Philadelphia, nay, of America, for such a man is owned only by a continent, in his great work on *Analytical Therapeutics*, devotes one whole volume to the treatment of the mind in its various relations to the body. In this masterpiece of my revered teacher and friend, instead of the uncertain indications for some half-dozen drugs to which we have referred, are found accurate data for the use of a multitude of medicines in the treatment of every phase of mental disturbance.

But as before intimated, there is a class of cases which require not only curative medical treatment, but the advantages of well-appointed asylums; although the time may come when the plan pursued for so many years at Gheel, Belgium, and more recently in Scotland, may meet with the general approval it deserves. This method consists in quartering the insane among the various families of a community, one or two in each, where they are treated as members of the family and are under constant *surveillance*. Of course they are not confined

to the room or house, except by sickness, and they are daily visited by the physicians having them in charge.

It is well understood that asylums are for the most part built and maintained at public expense, and by taxation levied upon the whole people. I need not suggest how many of these people prefer the Homœopathic treatment for themselves, and none the less for their friends who may be suffering with mental derangement. I would ask: Is it not the commonest *justice* that such persons should have the treatment which they elect, for their unfortunate friends? Should not the sick have their own physician as well as their own minister? Does this government propose to sustain a sect in medicine any more than a sect in religion, granting powers and privileges to one and withholding them from another? Surely such is not the intention, although such has practically been the fact.* I think I have shown that Homœopathy may lay as good claim to scientific and successful treatment, as the methods at present pursued to its exclusion in all of the asylums of the State. And we ask now in the name of the people, and in the name of justice, that equal rights be guaranteed to all. We have no desire to force this treatment on any, nor do we wish other treatment forced upon us.

New York State has taken a step in the right direction, and is building a magnificent asylum (now partly finished and occupied) devoted to homœopathic treatment. In last year's report, the President, Fletcher Harper, Jr., thus speaks of the institution and its prospects:

"If the success which has attended the acceptance of homœopathy as a method of cure by the thousands of intelligent laymen representing a large portion of the taxpayers of this State, is to be a test of what is to be accomplished in that

* While urging a fair representation of homœopathy in our public institutions to a member of the Legislature, he objected, that it was a medical sect, afterwards, however, admitting the fallacy of such a position. The new practice is called Homœopathy because the word explains, in a measure, the principles that govern it. The facts would justify the appellation, "*Scientific Medicine*," for it is based upon scientific principles. It certainly should be no disparagement that in the use of every means of cure, the observance of these principles leads to the greatest measure of success. But I cannot see what claim the Allopathic School (even though calling itself "regular medicine") has to a monopoly of public places. By its plan of organization and restrictive regulations, it undoubtedly bears the character of an exclusive sect. Public institutions for the sick should be sustained upon the ground of *charity*, but should not be monopolized by any sect, either in religion or medicine.

specialty assigned to this asylum; if the elaborate examination of the death-rate in the principal cities of the Union shows that success in general practice, as compared with that of all other schools of medicine, to be more than two to one, then it may be that the homœopathic system will require less than half of the costly roof-trees, princely structures, munitions for care and attendance, lavished upon those devoted to antagonistic methods of cure. But it ought not to be put off with less than a tithe. While all other institutions under public patronage, past or present, have provision for over 6000 inmates, this asylum should not be stinted below the least limitation consistent with the conditions of due scientific classification."

The results so far have been most encouraging, as will appear from the following extract from the report of the Superintendent, Dr. H. R. Stiles, for a period of about a year and a half:

"Of the total cases under treatment (168) we have a percentage of $31\frac{1}{2}$ cures and $13\frac{1}{3}$ improved. Our medical treatment has been purely according to the homœopathic law of '*similia similibus curantur*,' and entirely without resort to any of the forms of anodyne, sedative or palliative treatment so generally in use in cases of mental disturbance. Not a grain of chloral, morphine, the bromides, etc., etc., has ever been allowed in our pharmacy, or given in our prescriptions, and we have never felt the need of them, even in our most violent cases of acute mania. A careful study of the mental and physical symptoms, together with a rigid adherence to the Hahnemannian principles of selection and administration of remedies, has enabled us to meet the requirements of each individual case with comfort and success."

We have reports also from an institution where this practice has been pursued for a much longer time, as the following will show:

"At Montevidio, Republic of Uraguay, South America, in a public insane asylum connected with the Charity Hospital of that city, in which for fourteen years and five months 'pure homœopathic' treatment has been employed by Dr. J. Christian D. Korth, the tabulated statement shows that during these fourteen years, 979 men of different nationalities have enjoyed the benefits of the institution. Of these 617 were cured."

Need I multiply facts or citations to make plainer that the interests of the State and of the patients will not suffer from the adoption of this system. Or need I call attention to the fact that a large portion of the taxpayers of this State prefer this system for themselves and their families, and yet in case of dire necessity are compelled to place friends requiring the advantages of an asylum, under a treatment which they do not prefer, and for which they may have a positive aversion. Would any one in my hearing willingly yield his right to choose his medical adviser in time of sickness? I cannot but think that intelligent, fair-minded men of whatever school or persuasion, will grant the justice of guaranteeing to others this same God-given right.

And now, ladies and gentlemen, I thank you for your kind attention. I have in this brief hour striven to depict the mind by slow degrees awakening to a knowledge of itself throughout the ages, and to remark upon some of its relations to the body; yet science, year by year, is opening up other and hidden veins of truth. How much we shall one day know of man doth not yet appear; but this we do know, that whatever progress be made in other directions, the grandest attainments of science remain for the student of man in his highest nature; for in the language of one in the ancient days, "the mind is king of heaven and earth."

And when we contemplate that even this exalted sphere of our being, in the which man was made after his Maker's own image, is liable to the malign influence of disease, and from its imperial seat may even be hurled in dethronement—we catch something of the significance of the last phase of our subject, "The Relation of Mind to Medicine." I trust we realize the importance of this relation, and while as men of science we are endeavoring to relieve bodily suffering and avert final disaster, let us not fail to bring under tribute every remedial substance or agency which a kind Providence has placed within our reach, or which lies within the power of benevolence to provide, for the relief of the suffering Mind. And may we not argue from the universal applicability of the great law of cure we have been considering, that the achievements of the future in mental therapeutics shall be in the direction of our beloved science—HOMŒOPATHY.

THE MIND DERANGED.

ANNUAL ADDRESS

DELIVERED BY

E. A. FARRINGTON, M.D.,

AT HARRISBURG, 1876.

LADIES AND GENTLEMEN:

In entering the domain of Psychology, or Mental Philosophy, we meet with two classes of investigators. Each bent on solving the mysteries which envelop the soul, pursues its chosen methods, obstinately refusing to listen to the objections of the opposing party.

These two classes may be denominated the spiritualistic and the materialistic schools respectively.

The former school teaches that there is in matter a force, which is life manifest. They see it in the active animal, in the organized plant, and in the mineral world. They believe that it is evidenced no less truly in the wonderful affinities of inanimate nature than it is in intelligent man. They maintain that there is a cause above matter under whose omnipotence all below moves in obedience to Divine Order.

The opposing school, while it does not deny the existence of a deity, places him unapproachably distant from us, and teaches that matter, divinely hurled into existence, now subsists from its own inherent power.

To them, the crystal is formed from its own capacity to shape itself definitely; to them, the honeycomb, made according to the strictest mathematical laws, is but intuition; to them, the flower that unfolds its delicate-tinted petals and greets us with sweet perfume, does so because *it does;* to them, the mental processes which revealed the laws of Kepler, noted

the law of gravitation, or conceived the steam-engine, were but results of the consumption of brain-tissue.

Did any of you, my unprofessional hearers, ever examine this brain-substance whose destruction evolves so much? Look at it, as it lies exposed, for all the world seemingly a convoluted mass of putty.

And yet, rationally viewed, it is a precious organ, whose interior promptings are more wonderful than all else in this phenomenal universe.

It is not a passive organ, quietly resting in its bony casement. It expands and contracts in busy thought ceaselessly, save during the hours of sleep. It claims from the heart its richest, most bountiful blood. All profound mental tax demands an increased sanguineous supply.

Dr. Hammond demonstrated through a trephined skull that during sleep the blood flows *from* the cerebrum. The sinuses shrink, their vessels pale, and sleep ensues.

Quite recently a new invention, the Volumenmeter, has confirmed this theory. The arm is incased in an air-tight box. On the upper surface is inserted a glass tube unsealed at the top. The space between arm and box is filled with a fluid, which reaches its level an inch or two in the tube. With each measured breath, with each pulsation of the arteries, this fluid rises and falls. Now the patient sleeps. The fluid slowly rises higher and higher as the blood, relieved of its cerebral duties, recedes from the brain and crowds the superficial vessels. But a noise, even the slightest, is heard, and down falls the fluid as the arousing brain recalls its service. Such is the supremacy of the brain.

The brain, prolongated into the body through spine and derivative nerves, presents, when divested of all other tissues, a perfect human form. Thus we infer that each several bodily organ has some nervous connection with the cerebrum.

So the brain is mediately present in every fibre of the organism, just as the commander-in-chief, by means of his subordinate officers, manages every movement of his entire army.

We may daily witness the truth of this statement. Sensory impressions are borne to the brain as an appreciative centre, whence motor impulses speed to whatsoever parts must be moved.

Emotions, starting from the brain, are expressed in changed features, in the hurried breath, the throbbing pulse, the quivering limbs.

Light and pleasant conversation promotes digestion; but how often has the half-eaten meal laid unaltered, when interrupted by an untimely piece of bad news?

Does not daily professional experience attest the control of mind over body?

Long before any one here present began his doctory, Hahnemann penned these immortal words: "The state of the patient's mind and temperament is often of most decisive importance in the homœopathic selection of a remedy,—it is the chief ingredient of all diseases,—and there is not a single potent medicinal substance in the world that does not possess the power of altering perceptibly the mental state and mood; indeed, *each drug affects the mind in a different manner.*"

Now, it is from neglect of this indispensable teaching that some of our school have perverted homœopathy, reducing it to a mere physiological hypothesis. Closing their minds to truth, blinding their reason, they grovel in the crudities of nature, and come out warped in judgment and disfigured with dirt and mire.

Our wealth in mental symptomatology is immeasurable. Let the inquirer consult Vol. I of Hering's *Analytical Therapeutics*, wherein he will find something like 350 pages, showing an orderly arrangement of mental phenomena and their concomitant bodily effects.

The statement finds confirmation, too, in the physiological experiments of Fritsch, Hitzig, and, lately, of Ferrier. By means of galvanic currents certain parts of the exposed brains of animals were irritated with constant results. Certain muscles, or sets of muscles, would respond to the stimulus, varying with the point of application to the cerebral surface. Thus we infer that the brain communicates with the physical body below it.

Examining the mind more critically we find it properly divided into two parts, Will and Understanding. All that we refer to volition, with our desires and dislikes, our impulses, our promptings, belongs to the Will. All that forms our thoughts, ideas, ratiocinations, belongs to the Understanding.

Consistently with this dual function we find the brain divided into two halves, termed hemispheres; such a division is not a mere accident, nor is it as has been asserted simply to allow room for the longitudinal sinus. It is a provision of nature, a form receptive of this twofold mind. The right hemisphere is more the organ of the will; the left, of the un-

derstanding. So without sanctioning Phrenology, if we regard the brain as a multiple organ, we may consider each organ as twofold: one situated in the understanding and the other in the will. We *will*, to do something, we *think* over the matter, plan the method, and then wish and thought ultimate in physical act.

Pathologists locate the organ of speech in the anterior cerebral lobes.

Speech presupposes ideation or forming of ideas and a certain affection, which gives the tone to the voice.

In that singular disease, Aphasia, there is almost always a pressure on the left cerebral anterior lobe, a pressure from a thrombus or embolus. Ideation is unimpaired; the tongue can move with its wonted facility, the sufferer can repeat a sentence pronounced to him and can comprehend what is spoken to him. But by reason of the interruption between brain cortex and those centres which control lingual motions, ideas can no longer be transformed into words.

It is related of an aphasic patient, that his vocabulary was reduced to one short sentence. This sentence he pronounced with desperate emphasis, running the words all into one, with the accent on the last syllable. When asked, for instance, if he could walk to a chair, his reply was, "Saw my leg *off*;" and yet he could protrude the tongue and move it in any direction at will, and showed that he understood the question by at once taking a seat.

Why so many of such cases are dependent upon *left* sided intercranial disease, is neatly explained by the experiments of Brown-Sequard.

In a recent popular lecture by this distinguished physiologist, he demonstrated quite conclusively that intellect was for the most part dependent on the *left* side of the brain; but that the *right* side served chiefly for emotional manifestations, and also to the needs of bodily nutrition. Alterations of the mind manifesting themselves as insanity, depend more on diseases of the *left* brain. It is perfectly well known that, in any large city, a number die every month of ulcers on the limbs from cerebral irritation. These patients are more numerous among those with disease of the *right* brain. An ulceration in the lungs or liver, a hæmorrhage, all can take place under cerebral irritation, especially of its *right* half.

So paralysis from emotional causes, as in hysteria, is principally on the left side of the body, and hence starts from the *right* brain.

Brown-Sequard instances a case of a child who seemed to have two brains. Suddenly his head would droop, and he would appear to be asleep; presently he would look about him brightly, but seemingly unacquainted with his surroundings. He would ask to be introduced to the doctor, with whom but a moment before his *other* self was conversing. Again would come the sleepy state and he would return to his former condition, remembering nothing of his recent transmutation.

Such facts illustrate our meaning admirably.

Starting then with two sets of mental phenomena, we deal with man as well-balanced, when both brains are uniformly developed, and as biased, when one grows at the expense of the other.

How often do we meet with men who are all impulse. Thoughts spring into existence like lightning flashes, and vanishing as suddenly, leave inky darkness behind.

An Edgar Poe may produce a faultless poem in measure and rhyme; a Robert Burns may discourse homelike sweetness; but into what social ruin does such an impetuous nature hurl them!

How often do we meet men whose massive intellects so overtower their emotional nature, that they wield unmercifully their cutting truths; wounding alike friend and foe; feeling neither sympathy nor contrition. Such men are mentally biased. Seldom indeed is the mind so well balanced that reason and will work hand in hand, judging coolly, yet kindly; planning well and executing well; ruling the tumultuous world with irresistible calmness and power.

The American people are peculiarly unbalanced mentally. Our dry climate irritates the nervous system; in the race for wealth and reputation, haste has made us superficial. We need to learn of the pondering German, the methodical Englishman, the gay Frenchman, the hardy Scotchman.

We need to cultivate thoroughness in study and to exercise more emotional control.

Let young ladies exchange the flippant novel for solid literature; let our susceptible youth discard "dime novels" and such sensational weeklies as "Leslie's Boys and Girls of America," etc.

They do but inflame the passions, feed the love of the marvellous, and convert ardent, restless, but lawful youth into roaming, reckless, aimless manhood.

Then may we hope for American culture; then may we

hope that civil, social and moral America will be competent to fulfil her destiny as a republic.

Then brain will grow under culture as much as the blacksmith's arm or the athelete's legs.

The cerebral substance is virtually a receptacle for the spiritual mind within, a means of communication with the world of nature. It must be remembered that thoughts and ideas are arranged in perfect order in the mind. Similar thoughts are collected together and dissimilar separated. Thus we have series of cognate ideas stored away in the memory, awaiting the will's summons to spring into consciousness. Correspondingly we find the cortical substance of the brain changing its molecular form. No more certainly does the small-pox stamp the skin indelibly than do thoughts memorized, stamp the brain substance. Ever afterward, external impressions, through the senses or the calling up of some similar idea, reawaken this and all consociate thoughts. It is just as it is with sounds. A note struck calls forth a response from every accordant wire, while those not in harmony remain perfectly quiescent.

Beautiful indeed is this mental book in whose pages man's history is indelibly written. Time effaces nought, but memory in a retrospective freak often turns over its pages and lives anew years long spent. Sad thoughts mingle with joyous; deeds of valor blend with acts which recall a blush of shame; sweetest recollections recur to gladden the heart only to be lost in sorrows.

Such is the Mind of Man, a monarch of undisputed sway.

But how terrible is the ruin when this mighty king is dethroned!

The eye loses its wonted lustre and stares vacantly or wildly about; the mouth forgets its winsome smile and grins hideously. Sometimes but one insane purpose actuates the whole being. He ceaselessly clanks his heavy chain, grinning at the harsh music he makes. He spends sleepless nights counting the gold his fancy piles before him. Wrapped in a shapeless rag he majestically walks the floor, a Napoleon or a Cæsar. Sometimes it is a woman. See how her motherly soul clings to the lifeless log she nurses as her offspring! She hums a nursery rhyme, smiles on it, talks to it with all the semblance of actual motherhood. Ah! who may tell what cruel blow shattered that tender heart, yearning still for the child it may never know.

The mind deranged may be compared to a primeval wilderness teeming with life, and rank with overgrown vegetation. Ideas and thoughts yet bud and blossom; passions are there, too; but all is wild, uncultivated, uncontrolled.

Now, the maniac imagines himself an animal; he stamps the ground like a restive steed; growls in imitation of an angry lion; is as cunning as the fox; or hisses and writhes like a serpent. Again some monomania seizes him. The fate of nations rests on his shoulders and like the hero of Blackwell's Island, he erects breastworks for defence, mounts his wooden guns and threatens annihilation to any suspicious craft, which dares to approach his fortress.

Still again, it is a profound melancholy which depresses him. His face and mien depict the deepest grief. His language flows fluently but with a pathos which touches the heart and calls forth sympathy and pity. Yet once more, he is the shrewd man of business. Plans are formed more gorgeous than "castles in Spain;" reason, that deceptive instrument of cold logic, supports his position. Under his cunning persuasion one almost thinks himself, and not his interlocutor, mistaken.

Lastly he appears as the devout Christian. Crowds gather to listen to his eloquence. His pathos sways the multitude and moves them to tears. They burst forth with him into one loud Hosanna, victims of his religious insanity, until chance reveals his deception.

So through all grades, from the silly laugh of the idiot to the fury of the maniac, can we trace the lamentable consequences of unbridled reason.

When our minds are in their normal activity, they consume an almost incredible amount of vital force. Brain tissue is wasted under the demands of modern civilized life.

Cares and perplexities in business are ever wearing; grief and sorrow clog the wheels of the human machine, rendering its movements sluggish and imperfect.

Now, he whose mind no longer obeys reason and will, just as surely appropriates this large supply of vital force, but expends it in obedience to bodily requirements. I can recall an idiot, who used to visit the farms in his neighborhood. Occasionally gaining access to the pantry, he would help himself to a few palatable articles, such as a pan of milk, a pot of baked beans, and finish with a half-cheese. Nature's sanitary laws were set at defiance.

This same fact is exemplified in the Indians, who, though not mentally deranged, are animal enough to gluttonously eat from sunrise to sunset, and then fast a week in lazy indolence. Look, too, at that brutish murderer, Probst, whose God-given life he shaped into a form which even a beast would disown. Two hours before his execution he partook of a meal of ham and fried eggs. At twelve he was hanged, and yet the autopsy discovered neither chyme nor chyle in the intestinal tract; *he had completely digested his meal in two hours, with death the while staring him in the face!*

How the waters from the River of Life, freely, bountifully given, are corrupted in their descent, from crystal purity to muddy, loathsome, stagnant pools; from streamlets of ineffable joy to rivers and oceans of anger and despair!

Is there no hope for the world of mind? Must insanity and imbecility brand humanity forever?

I think not. Already the storm-cloud shows a silver lining. The sun of truth, whose first beams shot out into the darkness of ignorance, through Hahnemann's immortal mind will pierce this inky canopy, bringing warmth to the heart and lumen to the mind. Homœopathy, whose treasure-house is replete with weapons for the relief of the mind, will assert its dominion and fulfil its high office.

Let the public give it opportunity, endow its asylums, protect it with the strong arm of the law.

In the true spirit of American independence, it demands equal rights with its seniors. It repudiates the feudal custom, which enriches the elder and impoverishes the younger.

It asks this great Republic to extend to the *scientific world* the same broad invitation it does to the *civil world*,—freedom and equality.

ANNUAL ADDRESS,

DELIVERED BY

PRESIDENT H. N. GUERNSEY, M.D.,

At Pittsburg, 1878.

Members of the Homœopathic Medical Society of Pennsylvania:

At our last Annual meeting, held in Philadelphia, October 3d and 4th, 1877, you saw fit to confer upon me the honor of election as your President for the year 1878. For this token of respect and esteem as a member of our Society, and for the expression of your sentiment to me as a man and member of the Homœopathic Medical profession, I heartily thank you. As an earnest of my sincere desire to serve and to honor you and the profession which we represent, in the faithful discharge of the responsible duties laid upon me, let my actions as your presiding officer determine. To address you at this time and in this manner is, I know, a departure from time-honored custom;* but to my mind it is a more useful plan than to defer it until the opening of the Session. If the President has any communication worthy the attention of the Convention over which he is to preside, there will, by this plan, be ample time for its consideration and judicious disposition. We meet together for the transaction of such annual business as the growth of our progressive science demands, and for the interchange of such opinions and experiences as naturally accompany our advancement. The time allowed for these proceedings is too limited and too valuable to be consumed by lengthy presidential harangues which, though they be never so suggestive and useful in themselves, are nearly lost sight of in the pressure of business which has accumulated during the

* This Address was written and distributed in printed form, some months before the Meeting.—Com. of Pub.

year, and which must be ably dispatched. Therefore, when our Society convenes in Pittsburg in September, 1878, we shall proceed to business at once, the President endeavoring in every way to save as much time for the reading and consideration of your valuable papers as possible. In all discussions it will be his aim to bring out as complete an expression of opinion as it may be the pleasure of the Convention to receive, and to secure the fullest liberty and protection to every member occupying the floor.

The President would earnestly recommend as follows: That all reports of Societies, Colleges, Dispensaries, Clubs, etc., needing no special discussion or action of the Convention, be read merely by title and referred for publication, when we can all read and profit by them. Measures should be taken to secure the publication of the proceedings of each convention at as early a day as possible after adjournment, say in two months at farthest.

Further, that two additional bureaus be formed, which should be: a bureau on "Medical Thermometry," whose duty it shall be to determine, as nearly as possible, the use of the thermometer in our school as a guide in the treatment of disease, and to report the same at each annual meeting of the Society.

Also, *a bureau on some vital principle in the Law of Cure*, whose duty it shall be to discuss, elucidate, and present the same to the annual meetings of the Society.

The President respectfully asks the co-operation of every member of the profession in the State of Pennsylvania in rendering our next meeting as useful and interesting as possible. The old Keystone State of these United States has won many laurels for, and in, the Union, in war, in peace, in the arts and sciences, in literature, in religion, and in medicine. In all the above she has been the great fountain-head of this western hemisphere. It is a matter of congratulation for us that this especially is true of Homœopathic Medicine. From what I can learn there are as many, if not more, readers of Samuel Hahnemann's *Organon* of the healing art in this State as in any other; readers eager to imbibe its truths with the determination to practice thereby. The last meeting held in Philadelphia, October, 1877, was one of the best in the annals of this Society, in every respect, and bore full evidence of the foregoing statement.

Nearly all of the numerous papers presented, were such as Hahnemann himself would have taken delight in hearing.

The days of alternation of remedies are passing away, as also are other deviations from the standard of truth according to the expoundings in Hahnemann's *Organon*, the *greatest of text-books*, to the highest advantage of our great Commonwealth. Let us do still better at the next meeting, for the honor of our State and for the wider promulgation of Homœopathy. What we do to benefit ourselves will redound to the good of the community at large. We can further the healthfulness and prosperity of our fellow-creatures only by improving ourselves in medicine and as Christian gentlemen. With these ends in view, let us take pains to prepare papers that shall have the clear ring of pure and unalloyed truth in them, teeming with useful points and sterling value. Let us avoid spun-out theories, and notions that cannot be made practical, and that will not stand that fiery ordeal, *the test of experience*. We need a large number of reported cases illustrating the great law of cure in a clear, terse, and incontrovertible manner, showing in their authors the nicely formed habits of thought that lead to true science. We had some of such a character, admirably reported, at our last meeting, particularly from the ranks of the younger members of the profession. It was truly refreshing and instructive to listen to their harmonious chime. It is quite unnecessary to make the statement that the Society will lose nothing, if cases where the treatment has been so badly mixed up that the patient's recovery has apparently occurred in spite of the doctor, and no clear and intelligent idea can be formed as to what effected the cure, be not recorded. *Such reports waste valuable time.*

If we take a retrospective view of the medical world for the past half century, we shall see that a wonderful change has everywhere taken place in the practice of medicine. As an illustration, in Philadelphia, at that time, the signs of cuppers, leechers, and bleeders were seen conspicuously posted very generally in every street. So heroic was the medical treatment of those days, that it was said of the above city, "her streets run with human blood, and blue pills are taken by the ton." But even then, in the near horizon, the welcome light of the day of better things began to shine. Dr. C. Hering, with a few other *real healers*, came to the relief of the tortured multitudes. More and more have been added to that little band, enrolled under the banner of *similia similibus curantur*, and so well have they fought the good fight that now where do we find the above signs? Echo answers, "Where?" A cor-

responding change has taken place in every other form of heroism and terrorism in the fair land of this Commonwealth. Yea, throughout the world, thanks be to our Heavenly Father, who sent his servant Samuel Hahnemann and his faithful and trusty followers. Now the better educated and more progressive members of the allopathic school are investigating Therapeutics upon the same plan as did Hahnemann; and they will never be found wallowing in the mire of Eclecticism. I think it evident in regard to all the sciences everywhere, that there is a corresponding improvement—quality, not quantity, being the demand; so, also, of all the arts; in husbandry and in daily labor even.

The Homœopathic profession in our State has abundant reason to be congratulated in this respect. The general tendency is not only to revere Hahnemann, but also to *emulate* him; not as a man, but because of his principles, which are found to be more and more reliable in proportion as we study and apply them; and by which we are learning every day that it is quality, not quantity, that does the work of healing the sick, restoring the blind to sight, making the lame to walk, causing the deaf to hear, and doing all other works of redeeming the mental and physical man from his fallen condition of health. Yes, it is by reading and applying his directions that we are able to do this more and more successfully, with more and more certainty as we understand and obey his teachings. By *studying* the *Organon*, its principles gain and grow upon us, and our faculties develop, increase, and expand into a clear comprehension of it. "The observation of this fact, by experience, led our Bönninghausen to inculcate upon the profession his advice to iterate and reiterate the diligent perusal and assiduous study of this work as the fountain-head of our knowledge of Homœopathy." In reading and pondering over the writings of our great preceptor with a view of applying them to practice, some of us can understand and apply them more easily than others, and can carry forward the work quite satisfactorily; others stumble more or less from the want of a clear perception how to proceed, and feel very timid and doubtful of the efficiency of the small doses and the single remedy; others again make very bungling work of it, and call their practice "homœopathic," when it scarcely bears a resemblance to that mighty and all-powerful system of healing the sick. We all need to study Hahnemann's writings more and more closely, and the stronger should instruct and lead the weaker. Now,

as our conventions are, *and pre-eminently should be*, educational in character, it seems to me that some educational standard should be recognized, something that we can "square by," and that it should be one of the first duties of our Convention individually and collectively to strive to elevate ourselves to that standard. If we think there is a principle in Hahnemann's writings that will stand the test of the closest possible investigation scientifically and practically, why should not the matter come squarely before us, and be dispassionately discussed and practically elucidated? Let it come pointedly and clearly, that we may see if there is the perfection that some of us claim.

What we want in our school is precision and certainty, and we desire to approach this elevated, this grand and noble standard, all the days of our lives, for the sake of our wives, our children, and coming posterity. We desire to preserve their health, to mitigate their sufferings, to see them well and enjoying the full fruition that sane minds and sound bodies vouchsafe to them. Then we may be happy. Are the principles of Samuel Hahnemann calculated to lead us onward and upward to this high goal? Let this be fully determined at our approaching State convention. If there be a negative response, then are there any principles in existence that will conduce to such an end? If so, let them be presented, discussed, and, if found worthy, adopted. Let us have the best we can find, and when found, appropriated. Let us not be afraid to examine into their fullest significance and practicability, and measure all our proceedings thereby, individually and collectively. I already hear the decision loudly proclaimed by the united voices of the Convention, "*Similia similibus curantur* is our motto, and the principles as unfolded and explained in Hahnemann's *Organon* and in his *Chronic Diseases* are our guide in the practice of our profession. We are satisfied that men's medical opinions are valueless without the basis of true principle." This being the case, we must define our motto. What does "*similia similibus curantur*" mean, what does it imply, and do we fulfil its requirements in our practice? Are we really in the endeavor to form those habits of nice observation, without which no progress in science is ever made?

Having thoroughly and deliberately settled these questions, there are others growing out of the principles of our science upon which we all want more light, that we may become

stronger and truer to ourselves as medical practitioners, truer to our patients as more successful healers, truer to our Commonwealth in the abatement and prevention of disease. How often do we hear the statement made, "Away with your *science;* it is my duty to cure my patient in the best manner I know how." What is science but knowledge—knowledge so perfected as to become science? And did this kind of knowledge ever stand in the way of making the best cures in the most sure, speedy, and perfect manner? He who questions this fact cannot long stand in the way of blazing light and advancement. He who casts loose from Homœopathic principles in prescribing for the sick, and bangs away at his patient at random, and teaches others so to do, will soon enough come to grief and to judgment.

As before remarked, these conventions should become preeminently educational; they should decide all important questions in medicine in this State; they should guard our medical schools and give general directions as to what to teach and what not to teach, because the best and nearly all the talent in our Commonwealth is brought together into one solid phalanx at our annual meetings. And here, as at the capital of the nation, all the great questions of vital interest should be determined in a dispassionate, truthful manner, and all in accord with science. Then every member of the profession, feeling strong in his mission, will move forward in the discharge of his duty upon the basis of true principles. Then will the old Keystone State be an honor to itself, and a keynote to all the other States and to the world. When the master minds—the thinking, the acting, and the progressive minds—of the profession in our Society fraternize for the good of Homœopathy, there will be progress indeed, and no differences of opinion on all-important matters will exist. We shall have strength, and we shall be a power in the land; then we will be quoted as authority: "The Pennsylvania State Society says thus and thus"—we shall be a Shibboleth in the land, yea, and to other lands also.

Gentlemen, we have groundwork and basis broad enough and deep enough upon which to rear one of the finest structures, a medical temple, the like of which the world has never seen. We can do it. Shall we do it?

DEPARTMENT

OF

MATERIA MEDICA, PHARMACY,

AND

PROVINGS.

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1875.

CALCAREA CARB. AND SILICEA COMPARED AS NUTRITION REMEDIES.

BY E. A. FARRINGTON, M.D., OF PHILADELPHIA.

Calcarea carbonica and *Silicea* have many symptoms in common. They frequently meet in scrofula, ulcers, bone diseases, gland affections, nutritive defects, as emaciation, defective osseous growth, retarded dentition, toothache from caries of the teeth, blennorrhœa, hip disease, convulsions, paralysis, neuralgias, muscular weakness of children, hectic fever, consequences of suppressed discharges, etc.

To discriminate is an important but not always an easy task. Some assistance may be derived from the subjoined comparisons.

Constitution.—The *Calcarea* patient is described as leucophlegmatic, of a light complexion, fair skin, blue eyes, blonde hair, lax fibre. He is plethoric, and exhibits a tendency to early obesity. The activity of the lymph-glands is not proportional to the capacity for assimilation; oxidation is imperfect; hence there is a rapid deposit of fat in cellular tissues, especially about the abdomen; but tissues are imperfectly nourished. Thus, though apparently robust, he is really sickly. His plethora is apparent; his blood is watery and contains too many white blood-corpuscles.

This constitution is generally inherited, or belongs to childhood and youth, when such disturbances of nutrition are quite common. But there are many causes which may develop it, such as long-continued loss of albuminous substances, milk, mucus, semen, etc.

Anæmia and chlorosis are but a step farther on in this condition of hydræmia. Continued defective nutrition or protracted loss of animal fluids are sufficient causes. At puberty chlorosis appears, still under the mask of plethora; but the pale, flabby face, palpitation on ascending, craving for chalk, coal, etc., weak muscles, cold hands and feet, disgust for meat, show plainly enough the true state of the system.

The *Silicea* patient is described as nervous, irritable, with dry skin, pale face, light complexion, lax muscles. He is imperfectly nourished, not from want of food, but from imperfect assimilation. He exhibits but little tendency to corpulence or plethora. In him defective nutrition has permitted a marked debility of the cerebro-spinal nervous system. Thus he suffers from what is called nervous weakness. He is costive from innervation; whenever he is sick, spinal symptoms appear and qualify every other. He is emaciated; there is none of the bloat which so characterizes lime.

His erethism has less vascular excitement than that of lime. While he is exhausted, as shown by his many symptoms of weakness, paralysis, etc., there is an exalted susceptibility to nervous stimuli, which may be termed "irritable weakness," as well described by Dunham.

Thus, then, the *Calcarea* patient has decreased bodily irritability; the *Silicea*, increased.

Blood-changes.—We have seen that there is a hydræmic condition produced by *Calcarea*. *Silicea*, however, exhibits symptoms of more malignant blood-changes:

Calcarea.	*Silicea.*
Face pale, bloated, or emaciated, with deep-set eyes, surrounded by dark rings, *as if from loss of animal fluids; anæmia.*	Face pale, earthy, ashy; skin waxlike, or a cadaverous expression; all indicating cachexia, *as from cancer, or exhaustion from long-lasting suppuration.*

Tuberculosis comes within the range of both remedies. Thus, with Gross, classing white swelling, hip disease, with tuberculosis of lungs:

Calcarea.	*Silicea.*
Especially suited to the plethoric young who have long suffered from copious mucous expectoration (thus losing much albumen); or, after protracted nursing; or, at puberty when the menses set in with profuse and long-lasting flow; congestions to head and to chest; chest extremely sore to touch; also, later, cavities have formed; much mucous rattling on the chest; loud breathing through the nose; profuse yellow-white or purulent expectoration; hæmorrhages from the cavities.	Especially suited to the mucopurulent catarrh of old people; loose, rattling cough day and night, with dyspnœa, vomiting up of tenacious mucus or yellow-green expectoration; it is generally indicated later in phthisis than lime; viz., in the stage of ulceration, with induration and shrinking of the lung-tissue around the cavities. It controls the disease by its power to diminish suppuration, while lime has more effect on the tubercular deposit itself.
Tight breathing, tension across the chest as from rush of blood; relieved by raising the shoulders; icy cold between the shoulder-blades; tuberculosis of young, plethoric people.	Asthma worse lying down; spasmodic cough with spasm of the larynx; cannot bear the slightest draft on the back of the neck; catarrh of aged people.
Night-sweats; limbs cold; sweat during the first sleep; sweat clammy, causes anxiety.	Night-sweats, mostly after 12 P.M., towards morning; sweat sour, offensive-smelling.
Face pale, with frequent flushes.	Face pale, waxen.
Hip disease; evening diarrhœa; constitutional symptoms; scratching head impatiently when awaking; limping; pain on *inner* side of knee.	Hip disease; watery, exhausting diarrhœa, constitutional symptoms; limping, but generally later, *with evidences of caries.*
White swelling of the knee-joint; knee spongy, pressing, stinging, intermitting at night and when at rest; worse from flexion, as from going up and down stairs; swelling mostly at inner and lower side of the knee. See also Scrofulosis.	White swelling. *Silicea* is particularly distinguished by its tendency to cause induration of cellular parts; thus, between the fistulous ulcers there are irregular, *hard* elevations, reddish, but transparent, as if filled with glue; the pains are lancinating; caries of the bones is present.

Calcarea.

GANGRENE has been cured by *Calcarea*. Thus, in the mouth we find gangrene following canker-sores or stomatitis. Again, an allied condition is described under that doubtful name, gastromalacia; red, raw tongue, emaciated neck, thirst, but no appetite; vomiting of all food; green, watery stool, with little lumps. Cancer uteri and scirrhus of the mammæ have been treated with the lime, constitutional symptoms agreeing.

Silicea.

Silicea is more specifically adapted to malignant diseases; gangrenous inflammation, and ulcers; *fungi*, which readily bleed: CANCEROUS ULCERS: thus, ulcer on right border of tongue, eating into it, discharging much pus; brown, profuse, fetid ichor from uterine cancer. Akin to this is the *lupus*, which Silicea cures; serrated ulcers, with grayish surfaces corroding the cheek, threatening perforation, the surrounding parts being indurated. See also *Carbuncle*, under Cellular Tissue.

TISSUES.—*Calcarea* has a nutritive action on nerves, mucous membranes, glands, skin, cartilage, bones.

Silicea acts on nerves, fibrous structures, cellular tissue, skin, bones.

NERVES.—*Mental State.*—*Lime* has running through all its symptoms a peuliar *anxiety of both mind and body.* This condition is not so marked in *Silicea.*

Thus we find as characterizing the lime:

Fear of going crazy, with great anxiety lest others shall observe it.

Anxious, timid, full of fear; cannot bear to be alone or in the dark, hence always worse at night and twilight.

Emotions, excitement, cause anxious sweat; flying heat through the body. Becomes anxious if he listens to tales of cruelty.

Fright, with præcordial anxiety.

Sudden blindness, with anxious sweat.

Anxiety, as if from the stomach, with nausea and vomiting.

Anxious dread of disease; is in constant dread of heart disease.

Anxiety abdominal, when standing.

Anxious thoughts, with fear of death, before sleep.

Awakens with anxiety and heavy breathing.

Cardiac anxiety, with suicidal mood; wants to stab herself.

Silicea also gives us a suicidal mood, with *anxiety* referred to the epigastrium; desire to drown oneself. But *anguish* is not so interwoven through symptoms of all parts of the organism as with the *lime.* Sometimes, while sitting, the patient is attacked with anguish, which forces him to rise and walk about. Palpitation after dinner; after anxious dreams. These few symptoms of *Silicea* depend upon its action on the abdominal ganglia, especially the solar plexus, as will be seen under "Convulsions" Akin to this state is a condition of mental concern; melancholic, despairing mood.

Under *Calcarea* we find the greatest possible fearfulness, dread, timidity. The patient

Despairs of recovery; fears loss of reason; dreads some imaginary impending calamity; as evening comes, he is filled with awe, shudders; his imagination is so excited that he pictures visions of rats and mice; thinks some one is walking by his side; converts articles of furniture into animate objects, which alarm him.

Thus the *Calcarea* patient is excitable, predisposed to delirium. Alcoholic liquors develop readily a delirium tremens with the above symp-

toms of an excited mind. In typhoid states it is an invaluable remedy in the beginning, when

On closing the eyes he sees visions of persons or horrible fantastic forms. Sleepless, the same thought continually runs through his mind, keeping off sleep.

Silicea differs here materially. It has equally marked gloominess, despair, weeping, but the mood is different:

Dread of disease; great solicitude concerning his *spiritual* welfare; compunctions of conscience about trifles.

Yielding mind, fainthearted, showing the depressing character of *Silicea*. Fear is not so marked a characteristic as with the lime. The imagination is weak, not excited; it forms few or no delirious fancies. At night, under the stimulus of vivid dreams, however, the *Silicea* patient awakens with horrible imaginings, or falls into a distressing state of nightmare. But this phenomenon is not so much owing to a primarily excited brain as to a diseased condition of the abdomen; the solar plexus is the nervous centre, whose deranged action is reflected to the cerebrum.

Thus the latter remedy has no place in hallucinations, and cannot cure mania à potu like lime. Wine, in fact, only causes ebullitions of blood, not delirium. See also Special Senses.

The mental aberrations of *Silicea* are more allied to imbecility than to insanity:

She sits playing with pins, is afraid of their sharp points; she is under the delusion that they are in her throat; they occupy her mind constantly.

Obstinacy, wilfulness, characterizes both remedies, and is common enough with children. The differences are only in degree, *Silicea* has more marked:

Child obstinate; *cries when kindly spoken to; will not tolerate friendly persuasion.*

Worse from mental exertion, study. Prominent in both. Under *Calcarea* there is no aversion to mental labor, but it fatigues, causing

Hyperæmia of the brain; chorea; trembling spells; headache, the pains changing about; dyspepsia. Especially is it useful for school-children who are growing rapidly. Under *Silicea* there is a condition which Dunham well describes:

Fatigued, dreads labor, yet there is a nervous erethism which makes him work well when once he has commenced.

Mental labor causes nervous weakness, dizziness, pressing frontal headache.

VERTIGO.—Both appear in vertigo from excessive use of the eyes; from study; with rachitis; with nausea; from suppressed discharges; from loss of animal fluids.

Calcarea represents vascular erethism.

Vertigo when ascending a height, as going upstairs.

Vertigo, with cerebral hyperæmia, from suppressed menses; from checked hæmorrhoidal flow.

The pneumogastric sympathizes, for nausea is soon produced.

Silicea represents a spinal origin; its forms are more purely nervous:

Vertigo rising from dorsal spine, spreading thence to nape of neck and head.

When of vascular origin it is more from venous stasis:

Vertigo with constipation, venous stasis, deficient peristaltic action; but here, too, the *cause* of this state is in spinal innervation.

Silicea is particularly obnoxious to anything which jars the nervous system, causes concussion; hence,

Vertigo when riding.

Calcarea.	*Silicea.*
Vertigo, with tendency to fall backwards or sideways.	Vertigo, with tendency to fall forwards or sideways.

We can appreciate the value of thus noting the direction of real or apparent falling, when we remember that vertigo is frequently caused by partial cerebral anæmia. This results from sudden constriction of vessels from local vasomotor irritation. Thus ensues loss of equilibrium, and consequently a sense of falling. The direction differs according to the parts of the brain so affected.

The Head.—Congestion to the brain figures in both, but under quite different circumstances.

Under *Calcarea* the determination of blood is profound. There are hammering, thumping, boring pains; the head feels as if it would burst through the skull; buzzing, roaring in the ears; throbbing in the very centre of the brain; red, puffed face. In fact there is a state of plethora, not perhaps from absolute excess in quantity; but the lax fibre of the *Calcarea* patient permits these rapid congestions when an exciting cause exists, as alcoholic drink, suppressed menses, severe mental labor, etc. Thus apoplexy may be produced, especially as lime favors degeneration in the coats of bloodvessels.

Silicea, on the other hand, has not plethora as a determining cause; suppressed discharges, as checked foot-sweat; talking, study, may develop congestion towards the head.

But the cerebro-spinal system is again at fault:

Rush of blood to the head, coming up from the spine into the back of the head.

Calcarea.	*Silicea.*
Feeling of icy coldness, mostly right side of head; face pale, puffed.	Feeling of coldness from nape of neck to vertex; head heavy.
Apoplexia sanguinea.	Apoplexia nervosa.
Migraine, from occiput to vertex; feels as if brain was dissolving and she was becoming insane; wild feeling; brain very sensitive to shrill noises; roaring, buzzing in the ears, better with eyes closed; dim vision, especially after a full meal; nausea, vomiting at the height of the attack; worse from alcohol, from study after dinner, from suppressed menses; suddenly checked hæmorrhoidal flow; scalp covered with dandruff.	*Migraine*, from nape of neck to vertex; loss of reason; or a peculiar exaggeration of mind; must restrain himself to prevent committing violence; worse from noises *jarring the head;* roaring in the ears, as from something alive in them; eyeballs sore when revolved; loud cries; nausea to fainting; dim sight *after* headache; worse from study; with great *nervous exhaustion;* better *while* eating, worse after; from suppressed foot-sweat; straining to stool,* scalp sensitive, covered with papulæ.
Headache, with boring in left temple.	Headache.
Headache better from tying something around the head.	Headache worse from pressure, even of the hat.
Special Senses.—Amaurosis from suppressed menses, hæmorrhoidal flow, etc.	Amaurosis from suppressed mucous or purulent discharges, or *foot-sweat.*
Amblyopia, with headache; with abdominal complaints.	Amblyopia *after* the nervous headaches.

* Stool slipping back.—Editor.

Calcarea.	*Silicea.*
Mist before the eyes after eating, after reading; anxious sweat; nausea; bright flashes.	Letters run together; look pale after reading a short time; lightning-like flashes; nervous feeling in the head.
Dilated pupils.	Contracted pupils.
Sees only one side of an object.	Day blindness.
Short-sightedness; or, long-sighted.	Only long-sighted.

We have seen that only lime causes mania à potu; both, however, have amblyopia from excessive use of alcoholic liquors, but with differences in temperament:

Calcarea.	*Silicea.*
Sight impaired by excessive drinking of alcohol; face red, bloated; sluggish.	Amblyopia from abuse of stimulants; *sensitive, nervous persons.*
Hardness of *hearing*, of rheumatic origin;* abuse of quinine; beating in the head and ears, hence vascular erethism predominates. Better from sweating, worse in the open air.	Hardness of hearing, more of nervous origin; deaf to the human voice, during changes of the moon, suddenly after a faint; ringing in the ears and deafness with the paralysis.
Cracking in ears when cheering.	Report in ear when blowing nose, then better.

The action of *Silicea* on the nervous system is at once peculiar and important. It seems to correspond to nervous phenomena which usually arise from organic changes in nerve-structure. Defective nutrition is here felt profoundly, but withal there is an overexcitability, already, in part, referred to. There is an oversusceptibility to nervous stimuli. The senses of vision, hearing, and smell are at first sharpened when neuralgia begins, but later become dulled. This erethism enables the *Silicea* patient to work on in spite of his increasing exhaustion.

He feels an ennui and dread of mental and physical exertion, but when "warmed up" goes on with an alacrity which amounts to overdoing. This has been well illustrated by Dunham. So, too, in consumption, he does not feel badly while walking, but when he stops to rest, dyspnœa, and cough, and sweat, and almost fainting exhaustion attack him. Sight is good enough during his nervous headache, but afterwards he is almost blind.

So again with spasms, Dunham has shown that they may be provoked by fatigue, muscular exertion, etc., as, for instance, cramp in the feet after walking, writer's cramp, etc.

This irritability gives us a valuable hint: Touch cannot be tolerated; parts rested on go to sleep; jarring or noise cause intolerable headache. Riding, which is a passive motion with jarring, causes distress, and further—

Riding in a carriage produces momentary unconsciousness.

Calcarea, on the contrary, has not such extreme nervous susceptibility. It is more characterized by torpidity, while *Silicea* only exhibits torpidity in its attack on the lower tissues; abscesses, for instance.

Lime, it is true, has brain excitable, sensitive to shrill noises, alternate acute and dull hearing, but these are not so marked or general as in *Silicea*.

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* Rheumatism occurring in those who work in water.—EDITOR.

Calcarea.

Spasms; aura, like a mouse up the arm, or from pit of stomach through abdomen to feet; cold thighs before attack, chewing motion of mouth, stretching the limbs. Worse during full moon, protracted intermittents, etc.

Chorea from fright; muscular twitchings; throws herself about, tries to grasp clothing of bystanders, bites, spits, eyes wide open; also in hysteria.

Awkward, clumsy.

Weak and faint before breakfast; better after eating; loss of fluids.

Muscular debility; feels sore; stiff when beginning to move; muscular atrophy; parts feel subjectively cold; trembling of inner and outer parts.

Gressus vaccinus; weak feeling in the back, worse from mental annoyance, can hardly rise; softening of the spine, with contraction of the limbs.

Spermatorrhœa; complaints from coition, from onanism; limbs weak, especially about the knees; lassitude, hands tremble; chorea; palpitation, epilepsy; pressure in head and back; angry, discontented, excitable after coition, which was imperfect.

Silicea.

Spasms; aura, like a mouse running through the limbs, or *from solar plexus to the brain;* left side cold; left arm twists; starts in sleep; moaning, loud groaning. Worse during *new* or full moon; *after vaccination.*

Dissipation, hard work, with close confinement, cause obstinate neuralgias, hysterical attacks, or paralysis.

Cannot hold things; spine disease.

On first leaving the bed in the morning, cannot walk, so weak; spine disease.

Weakness from spine; legs tremble, *with great nervousness;* feeling of loss of power; *buzzing in the ears,* head heavy, can hardly raise it, as if cervical muscles failed; muscles atrophy; *numb feeling.*

Gressus gallinaceus; spasmodic pain in small of back, can hardly rise; spinal irritation.

Spermatorrhœa; complaints from coition; emissions, followed by sensation as if right side of head were paralyzed; limbs feel bruised; right arm and wrist weak; burning in the feet, with sweat; sacrum aches; nervousness, often better after emission.

Electric and barometric changes, etc.

Calcarea has decided aggravation from

Cold air, drafts, especially if *cold and damp.*

Northeast winds, because they are usually damp.

Worse from washing; eruptions, rheumatism, ischias; pains in the limbs; rhagades; ulcers cannot tolerate wet poultices.

Silicea, more than the lime, suffers from electric changes—

Worse in dry rather than wet weather.

Worse in west or southwest winds; in stormy, windy weather; in changeable weather, when electric variations are marked.

Washing does not so disagree as with lime. It may produce

Heavy feeling in the hands (here again showing the nervous influence); abscess from getting the feet wet, sitting with the feet in water.

Worse during a thunderstorm; great debility. *Silicea* more than *Calcarea* has desire to be magnetized.

Calcarea.	*Silicea.*
Worse from cold air; it seems to go right through her; worse from a draft of air.	Worse from least exposure of the feet; a draft on the back of the neck causes pain and nervousness.

Typhoid conditions may be classed here:

Calcarea.	*Silicea.*
First stage, when on closing the eyes, sees persons and things; the same idea haunts him all night, keeping him awake; on 14th day, rash does not appear, anxiety, delirium, red face, diarrhœa, short cough.	Great debility, profuse sweat; desire to be magnetized; sleepless; sometimes when thus prescribed, it develops superficial boils and abscesses, thus determining the disease to the surface.
Paralysis. *Lime* causes paralysis of parts as a result of exhausting sweats, loss of animal fluids; it acts mainly on arms, fingers, with great coldness; spinal paralysis from frequently getting wet.	*Paralysis.* *Silicea* develops a paralytic difficulty in swallowing; paralysis of the limbs of spinal origin, with constipation; paralysis as a sequel to convulsions; paralysis affecting prominently the sensory nerves.

Both produce a paralytic state of internal organs, but only *Calcarea* has cured impending paralysis of the lungs in scarlatina:
Loud rattling in the windpipe, hot breath; præcordial anguish; no cough; rattling mostly noticed during expiration.

Mucous Membranes.—Catarrhs.
Calcarea has a more marked action on mucous membranes; blennorrhœas are more general. *It increases the secretion of mucus.*

Calcarea.	*Silicea.*
Mucous membrane inflamed, increased mucus.	Inflamed, with no secretion, or with serous secretion.

Nasal catarrh, especially when there is a scrofulous tendency to frequent attacks:

Calcarea.	*Silicea.*
Sudden, violent, fluent coryza; dropping of water from the nose; much sneezing; heat in the head; mouth dry; palate rough, with a stinging pricking, causing cough; chill and heat alternately; A.M., on awaking head hot; pain over root of nose; neck stiff; inertia.	Alternately dry and fluent coryza; with every fresh cold stoppage and *acrid* discharge from the nose; frequent but ineffectual sneezing; makes inner nose sore and bloody; dryness of the throat; rough cough; itching in the Eustachian tube; often useful in rose cold.
Chronic cases; smell before the nose as of manure or gunpowder, or putrid eggs; discharge thick, slimy, mixed with blood; edges of nostrils sore; swelling of nose, especially at the root, frequently going and coming; discharge stops in the	Chronic cases; smell before the nose as of recently slaughtered animals; discharge slimy, *tough*, or acrid, bloody, making inner nose and edges of nostrils sore and bloody; faceache; pains into nose and antrum of Highmore; discharge

Calcarea.	*Silicea.*
morning and thus causes a dull, stupefying headache. There are painless hoarseness, and accumulation of mucus in the throat. Sometimes there is purulent, fetid, yellow-red discharge, making lip sore; itching red pustules on the cheeks; tip of nose swollen, red, becomes scurfy.	stops in the morning, and thus causes pounding, throbbing in frontal sinuses, which are also affected; there is husky voice or *nasal voice;* hawking of green, fetid mucus in the morning. *Indurated* mucus in the nose; curdy secretion; tip of the nose red, itches intolerably; tetters on the nose.
Uvula swollen, dark red, covered with little blisters; aphthæ on roof of mouth; hawks saltish mucus, or in early morning profuse phlegm is raised.	Uvula sore, pale yellow in color, swollen; throat very dry; ulcers, which seem to perforate the parts; hawks *tough* slime, or thick green fetid mucus.
Feeling of a lump in left side of throat; compelled to swallow saliva often, which seems to cause the lungs to descend.	Feeling of a lump in left side of throat; swallows with great difficulty; chronic tonsillitis; see also below.
Tickling in the throat as from a feather.	Like a feather on the tongue; pricking in the throat as from a pin.
Throat feels narrowed; he must swallow frequently; pharynx spasmodically contracted; food seems to remain sticking in œsophagus, with a sort of nausea.	Throat sore, as if the food glided over sore spots; swallowing forces food up through the choanæ; or painful, difficult swallowing as from paralysis; the food goes down slowly.
Tonsils swollen, chronic cases; palate elongated; pains extend to ears when swallowing; whitish-yellow ulcers on tonsils.	Tonsils swollen, chronic cases; also in quinsy to hasten the abscess, or stop the purulent discharge when too long lasting; swallowing distorts the face; deep ulcers, even gangrene.

Scrofulosis.—*Calcarea* has more action on *glands and their functions*, *Silicea* more on *bones and fibrous structures.* We shall see that whatever affections depend upon hypertrophy of cellular tissue or of fibrous, or conversely depend upon destructive changes in these parts, are better cured by Silicea In nature and art Silicea seems to give hardness and stability to bodies. Thus, flint, quartz, glass, the covering of some seeds, the stalks of plants, and the bones of animals.

Calcarea.	*Silicea.*
Difficult dentition; child fat, fair, plump; face often red; or emaciation general except abdomen, which is large, hard, swollen;* head too large, with open fontanelles; sweat on the scalp in large drops, wets the pillow far around during sleep; gums pale, shiny; threatened hydrocephalus; glands swollen about the neck; loose, rattling cough; stool like lumps of chalk; sleepless	*Difficult dentition;* child emaciated, but head is too large; face pale, waxen-hued; abdomen hard, swollen, *hot;* fontanelles open; profuse sweat only on the head; profuse salivation; gums sensitive, child frequently grasps at the mouth; blisters on the gums; feverish every evening and night, with hot head, restlessness; costive, the stools partly expelled slip back, usually

* And flat, like inverted saucer —Editor.

Calcarea.	*Silicea.*
after 3 A.M.; feet cold, damp; child sweats easily and takes cold; convulsions.	very dark, loose, and offensive; feet sweat, especially between toes. sweat is fetid, makes toes sore. (See Guernsey's *Obstetrics.*)
Ophthalmia; stinging pains; sweat on the forehead; keratitis pustulosa, profuse lachrymation, excessive photophobia, lids red, swollen; sticking pains; ulcers on cornea highly vascular; spasmodic closure of the lids.	*Ophthalmia;* especially useful when ulcers or abscesses form on iris or cornea, sloughing ulcers of the cornea, *perforating ulcers* followed by *corneal fistula; hypopyon;* biting pains in the canthi.
Dry scurf on the lids during the day.	Cystic tumors on lids, suppurating; edges of lids ulcerate.
Indurations after styes.	Styes, which become filled with pus.
Eyes worse morning, changes to damp cold weather, in the gaslight.	Eyes worse from gaslight, and from daylight, which dazzles the eyes.
Cornea ulcerating, bland pus; or opacity of the cornea, milky-white or bluish in color.	Cornea thick, rough, *wartlike, as if hypertrophied;* scales off; cicatrices corneæ; opaque after smallpox.
Cataract.	Cataract after suppressed foot-sweat.
Traumatic ophthalmia; feels as if a foreign substance were in the eyes.	Traumatic ophthalmia, suppuration.
Fistula lachrymalis; thick yellow bland pus; itching, humid eruption on lids.	Fistula lachrymalis, gnawing pains; thin, offensive pus, bones have become caried.
Otorrhœa muco-purulent; ulceration of meatus; granulation, then polypus; scurf or boils about ears.	*Otorrhœa* purulent; *also from caries; catarrh of the middle ear;* caries of the mastoid process.
Swelling of the upper lip as in scrofula.	Lips swollen, ulcerated, even cancerous.
Parotid glands swollen, especially in scarlatina; it suppurates and discharges an ichor; great prostration; throat sore; cervical glands swollen.	Parotid glands swollen, *indurated;* or suppurating when the process is too slow, is painless, and healing is too tardy; even in scarlatina.
Caries of the teeth; pains, especially around loose stumps, throbbing pains with great rush of blood to the head; gumboils, bleeding of gums; fistula dentalis.	Caries, especially with coaffected periosteum; throbbing as if in the jaw-bone; pains shooting into the antrum; gumboils; fistula dentalis with caries of jaw-bone.
Appetite ravenous, or fastidious, longing for boiled eggs; scrofulous children.	Appetite ravenous, or fastidious, craves dainties; scrofulous children.
Children refuse the milk of the mother; it is watery, nauseating.	Children have an aversion to mother's milk.
Vomits milk as soon as taken, sour, curdled.	Vomits the mother's milk as soon as taken.

Calcarea, acting more on mucous surfaces, cures mucous polypi in the ear, nose, bladder, uterus. *Silicea*, as we have several times observed,

acts more on connective tissue; hence it is more often indicated in indurations—hard scars or indurations after boils, abscesses; arm and hand swollen, cellular tissue indurated; thigh twice its natural size, indurated, etc. Both cure caries, curvatures of bones, rachitis, but *Silicea* is preferable in periosteal diseases; in necrosis, with fistulous openings, fetid, ichorous pus.

In rachitis they are indicated, but generally in different stages. In the beginning, when the child refuses to move about, lies down almost all the time, the joints begin to swell, but are still normal in color, *Calcarea* is indicated, because lime acts on the *epiphyses*, and it is their tumefaction which produces the enlarged joints. It is at this stage that a white, frothy diarrhœa often appears, also pointing to lime. There are incrustations on the face; voracious appetite, yet the child wastes; the skin becomes flabby, harsh, wrinkled; the child looks like an old man.

Silicea generally suits *after* lime. There is the same large head, bulging forehead, emaciation; but there is a much more marked tendency to ulceration; slight scratches refuse to heal; glands suppurate.

Calcarea.	*Silicea.*
Ulcers, with red, hard, swollen edges, high and feeble granulations, without much pain, or tearing-throbbing pains; ulcers whitish or yellow; pus sour, scanty, or profuse and bland, *albuminous;* sometimes offensive; worse from wet poultices.	*Ulcers*, with hard edges, *indurated far around*, proud flesh; stinging-burning itching; edges sometimes spongy; ulcers black, cancerous, gangrenous; pus thin, ichorous, offensive; perforating ulcers; phagedenic, fistulous, from bones; ulcers in *membranous parts;* better from warm applications, wet or dry.
Warts, small, *soft.*	Warts *hard.*
Hang-nails, nails ulcerate; rough skin between the fingers.	Nails rough, thick; or brittle, ulcerate; *ingrowing toe-nails; sore between toes.*
Rhagades, worse from working in water; cracking, bleeding.	*Rhagades* not common except on face and arms; *elephantiasis; callosities.*
Skin dry, parched.	Skin like parchment, *thick.*
Erysipelas in repeated attacks.	Erysipelas after suppuration; deepseated phlegmonous erysipelas.
Acne simplex, after sexual excesses; at puberty.	Acne indurata; acne simplex, burns all day, not at night.
Suppressed itch followed by otorrhœa.	Scabies papuliformis, especially if ulcers form.
Arthritic nodes. Rheumatism from working or standing in water.	Rheumatism rare; felt in change of weather; hereditary forms.
Eruption of white spots, and scattered red patches on wrists, hands, thighs, legs, with violent irritation.	Eruption of acne on backs of hands; phagedenic blisters on the fingers; burn more by day.
Eczema; thick scabs, bleeding when picked; pus yellow, bland; eruption spreads to the face and ears.	Eczema, moist or dry, more offensive, scabby, burning-itching, scratching makes worse; spreads from back of head; discharges pus; *pustules form.*
Eruption in the form of ringworm; small white patches of thick scabs here and there on the face and scalp.	Ringworm, with formation of pustules. See Cataract.

Calcarea.

Variola during dentition.

Swellings pale; shining (as in tumor albus); cold swellings.

Bad effects from strains; backache, headache, stiffness in lumbar region; strains, after the failure of Rhus. Brain symptoms after a fall or blow on the head, especially after *Bellad.*

Prevents return of felons, of boils; also in tardy suppuration, especially when worse from wet poultices; rheumatic diathesis.

Silicea.

Variola desiccation delayed; suppuration exhausts; bone diseases as a sequel.

Swellings bluish-red; hot swellings.

Strains, wounds, with suppuration and tardy healing; bursa mucosa of knee-pan from long working on the knees; *anthrax; non-malignant carbuncle.* Splinters, with festering, foreign bodies under the skin, brings them to the surface.

Felons, bone-felons, boils; tardy or long-lasting suppuration; pains unbearable, fainting; pains worse when warm in bed.

1875.

OBSERVATIONS AND REFLECTIONS UPON PHARMACY.

BY J. F. COOPER, M.D., ALLEGHENY.

From birth to old age the frequent manifestations of disease among all classes of the human family compel a search for means to allay pain, to lessen suffering, and often to rescue life itself from peril. The physician's art has grown and is developing from this necessity. Although the means for the relief of the suffering and diseased are thickly strewn around us, an all-wise Creator has arranged that to make available the means so bountifully provided, we are compelled to learn the uses of the different substances thus available, and also to study closely the best means for preserving and preparing them for proper use.

This search has brought into use so many remedies, with their characters and constituents so various, and the means for preserving and preparing them so complicated, that the pharmaceutist's art has been developed and brought to a perfection unknown in former years.

Credit is doubtless due to both physician and pharmaceutist for the degree of perfection attained by persevering industry and the use of scientific means, in this department of medicine. In giving the subject of pharmacy the consideration it requires, it will not be difficult to come to the conclusion that the position of the man who prepares our drugs for use is a very important one, both as regards physician and patient.

Possessing absolute integrity, he should also possess a large fund of knowledge adapted to the business he has chosen to perform; and in order to the filling of his place properly, he should be able to command the respect and confidence of the profession fully.

In our part of the profession of medicine there is but little competition to govern and exercise a salutary influence over the usages of pharmacy.

Such being the case, it would be entirely wrong for medical men of our school, in the investigation and discussion of scientific medical subjects, to overlook even for a short time this important matter.

In discussing it, great care should be taken to bestow upon it that kind of attention that will not embarrass the pharmaceutist, and that will, on the other hand, be of such practical importance as will be an advantage to all. From the ponderous proportions attained by pharmacy, and the amount of study and research necessary to grasp and comprehend it in all its parts, it is scarcely to be supposed that the physician and pharmacist will agree in all the details, looking at them as they do from different standpoints.

The business and relations of the physician and pharmacist are so mutually dependent upon each other, that what involves the professional interests of the one also disturbs that of the other.

The intelligent pharmacist is as much aware of the fact that it is necessary for the physician, when he is brought to minister to the dangerously sick, to give the most carefully prepared as well as the properly adapted remedy, as does the physician, and that if he does not, he cannot be successful. Hence the interests of both are at stake, as where a remedy carefully given fails to have the effect anticipated, the cause of failure is very frequently attributed to improper preparation.

Neither the pharmacist nor pharmacopœist can well afford to disregard the principles involved in the relation existing between their business and that of the physician.

An unmistakable interest is felt by the conscientious physician in all that pertains to pharmacy.

This paper has been prepared by the writer with a full belief that a detailed account of the common usages of pharmacy, as practiced by those of our school of medicine, would be not only interesting but instructive as well, and possibly serve to correct misapprehension, and by a proper consideration by the members of this Society serve the purpose of developing, if not new principles, some advance in that department of our art. While in Philadelphia in October last, some impressions were received not favorable to the usages of pharmacy, which have haunted me as an unwelcome vision, and to remove the impression, or correct the usage, an investigation was undertaken. The information received was given with that freedom and want of reserve which betokens a consciousness of being in the right; and as an opportunity to observe the processes of pharmacy, where carried on upon so large a scale, is but seldom enjoyed by many of our physicians, a statement or detailed account of the various processes by which our medicines are prepared for use, and to learn with what circumspection the processes and details of the establishment where these preparations are made are carried on, it was thought would doubtless be interesting and satisfactory to many.

Nearly a quarter of a century has passed since Mr. Boericke entered upon the discharge of the duties of a homœopathic pharmacist; and I am free to say that I feel that the practical knowledge and integrity seen in the management of his establishment would be difficult to find in another.

The establishment over which he presides is the only one in the State that imports the class of medicines we need from abroad, and in it a great part of the triturating and attenuating of the medicines sold for homœopathic use in many portions of the country are performed. Thirteen different apartments are used for the various stages of preparation and storing of articles necessary for a physician's outfit and every-day

practice. In passing through the entire establishment scarcely an odor of any kind is perceptible.

In all about 450 different remedies are prepared for medicinal use. Of this number about 170 have been triturated, and in this process ninety mortars have been used. Compound substances from a common base, as Calcarea and its compounds, where at all admissible, are prepared in one mortar.

The trituration of Aurum, one mortar. Hepar sulph. has one mortar, and all the preparations of Calcarea are made in one mortar. The different preparations of Mercury, four mortars. Zinc, one, and the Valerianate of zinc, one; Ant. crud., one; Tart. emet., one; Argentum and Argent. nit., one; Ferrum and Ferrum ac., one. The different preparations of Lead, all in one mortar; Nux vom., one mortar; Ignatia, one mortar; Lycop., one. The potashes, being soluble, are generally prepared by attenuation with water and alcohol, but are called for in the form of trituration by some practitioners, and are consequently kept in the form of trituration, except the permanganate. These are all prepared in one mortar. Aconite, Bell, Coff., and many other vegetable medicines, usually prepared in fluid attenuation, are occasionally required in the form of a trituration, and are so prepared to suit the practitioner; but when called for, as they usually are, at long intervals, a class of mortars kept for that special purpose is used, in which possibly another medicine has been prepared. When six months have passed over, or as is the case at times, a year or two years, and the mortar having been thoroughly cleansed immediately after the using, it is thought not improper to triturate another medicine in it which has many of the properties of the one previously triturated. All animal substances are tritu rated in separate mortars. Immediately after the using of a mortar it is washed with hydrant water, and then burned out with pure alcohol, and placed away in position to keep out dust or other floating matter in the atmosphere of the room where it is kept.

In the attenuating of the four hundred and fifty different medicines kept in stock, both the decimal and the centesimal scales have been used, and a set of each, up to the 30th, are kept. Alcohol, where water is not specially needed, is always used in the attenuating process.

No alcohol is made in the establishment, as a United States license, with all the requirements of the excise law, would make it impossible to clear the cost of manufacture.

The alcohol used is that of an extensive Philadelphia establishment reputed to make the best now made in the country.

The water used is distilled from filtered Schuylkill water, in the process of which a copper still is used (a platinum-lined one having been ordered, but not yet in use), and a block-tin condenser receives it. It is afterwards kept in clean glass-stoppered bottles for use. Every bottle used in the pharmacy is thoroughly cleaned before using it, by being placed mouth downward over a circular brush of suitable size, caused to rotate rapidly within the bottle by means of a treadle and a gearing capable of running it at the rate of fifty or more revolutions per minute.

About twenty-eight thousand bottles of the various sizes are used in the building; of these about twenty-five thousand are used for attenuating purposes.

Globules of the various sizes used by the profession are made in the third story of the building, in a room shut off as much as possible to prevent medicinal odors from commingling with the material in their manufacture. They are made of pure double-refined cane-sugar, without any admixture of starch or other ingredients.

Two hundred and fifty remedies are kept in potencies ranging from the

30th to the 200th. One hundred and fifty of the 500th are also kept on hand, and of the 1000th one hundred remedies are kept for professional use. All these are run up with alcohol of the purest grade or quality obtainable.

The preparation of tinctures from foreign plants must, with few exceptions, be made abroad, and the tinctures themselves imported.

This is done in packages, from one to four pounds or more in a package, as the trade requires.

The tinctures prepared from American plants, and such as are here prepared from foreign substances in our Philadelphia pharmacy, are prepared in one room. And on looking through it the evidences of an unusual care are manifest. The reception of and also the packing of articles for shipment is done in an apartment fitted up for the purpose, and in which articles are not allowed to remain longer than necessary for fitting them for their respective departments of the establishment, or the destination to which they are to be shipped.

The sugar of milk so much used for trituration, and also as a vehicle for dispensing our medicines, is, you are aware, for the most part a product of Central Europe, and in its native or commercial state is loaded to a greater or less degree with impurities, such as Lactic acid, Natrum muriaticum, traces of oily matter, and various substances carelessly left in the crystallizing troughs.

This is, by special contract abroad, freed as far as possible from these impurities by being dissolved in pure water with which a sufficient quantity of albumen has been carefully mixed, and then the whole mixture boiled and skimmed till entirely free from anything that will come to the surface by coagulation of the albumen and its bringing with it to the surface all solid or foreign matters for which it has any affinity, or to which in its coagulation it may attach itself.

It is then recrystallized and dried, and when in that state is in condition for grinding and the process of trituration.

The grinding is done in a room closely shut off from the balance of the room in which the triturating is done, and is performed by steam-power. The grinding apparatus is composed of (as nearly as observation would enable me to decide) the same material as the mortars are made of, and run on the principle of a common flouring mill, but, of course, a little different in its construction, the ground material falling into a revolving bolting apparatus, which sifts the finer part of the ground sugar from the coarse, and enables the man attending to regrind the coarse, or use it for purposes of trituration.

Steam-power is used for the triturating process as well as for the grinding of the sugar of milk. The time consumed in making a trituration is usually about two hours. And in making it the pestle is caused to revolve or rotate in one direction constantly, while the mortar in which the trituration is made is by the same power caused to revolve irregularly in the opposite direction, within a given circle, in such a manner as to cause the pestle to pass frequently over every portion of the triturating surface of the mortar.

When ground, the sugar of milk is put up in pound packages for use, in an apartment entirely devoted to that purpose. The putting up of medical packages and the dispensing of medicines is done by hands long used to the business, and from the perfect system observable in that department as little likely to blunder or make mistakes as it is possible for human beings to be.

Although two homœopathic pharmacies are located in Philadelphia, one only has been spoken of, for the reason that the two are connected in

their business, and the preparations of both are mainly prepared in the principal one spoken of.

As many of the practitioners of our State are and have been using the preparations of Smith's Pharmacy in New York, I can say that, after a careful inspection of the different departments of the establishment, and considering the standing in the profession of Carroll Dunham, B. F. Joslin, and many others of prominence as stockholders, no other conclusion can be arrived at than that it certainly ranks among the best in the country.

Some of the usages observable in a round of inspection in any of our pharmacies will impress the mind of the physician as being not in accordance with his views of pharmacy. But to learn the theory and to see it in practice at times in some of the details of a business, makes upon the mind very different impressions.

We will bring this paper to a conclusion by expressing a wish that this branch of our art may continue to receive the attention it undoubtedly demands from the medical profession.

1876.

AMORPHOUS PHOSPHORUS.

(P_2O. "SCHRÖTTER.")

ARRANGED BY H. NOAH MARTIN, M.D.

THIS substance is anomalous in character, as its name indicates, and is produced by subjecting the ordinary Phosphor. to intense heat. At from 446° to 482° F., Phosphor. loses its waxy appearance, and assumes an earthy reddish-brown appearance, is inodorous, and not affected by exposure to light or air. If subjected to heat exceeding 482°, it melts; and if subjected to a still higher temperature, it is reconverted to ordinary phosphorus.

History of the Provings.

In the winter of 1870 Dr. B. B. Gumpert called my attention to amorphous phosphorus, a substance which he had prepared, and which he desired proved.

He furnished me with some of the crude substance and with some of the 1st, 2d, and 3d dec. triturations.

Dr. J. W. Kirk, now of Bristol, Pa., but at that time a medical student in his first session of study, agreed to prove it for me during his vacation and make it the subject of his thesis, which he did, without knowing what the substance was. The symptoms obtained by him are marked K.

In January of 1871 he was prepared to write his thesis, having continued his proving until the preceding month, when I directed him to Dr. Gumpert for further information. Dr. Gumpert kindly furnished him with a proving made by himself, which in a remarkable manner confirmed many of the symptoms obtained by Dr Kirk. These symptoms are marked G.

During the last session of the college course (the Hahnemann of Philadelphia) Dr. Hand, an allopathic graduate, and a seeker after homœopathic light (phosphoric), without being informed of the substance taken, commenced a proving on the 25th of December, 1875, and ended it on the 25th of January following. His symptoms are marked H.

I have used it frequently in the place of ordinary Phos., when it (Phos.) seemed to be indicated, and I have found it an active medicine. I have also, I think, confirmed clinically several of the symptoms here recorded, but prefer not to give them prominence at this time.

H. N. M.

Symbols Used.

The * signifies that the symptom has been verified by *cures.*
The ° signifies that the symptom has a clinical origin.
Italics indicate the symptom as important or of constant appearance in the provings.

Mind.

Could not study nor keep his mind on any particular subject long at a time. K.
Must move about, not satisfied in any particular place. K.
*Disinclination to study. K. Or converse. G.
Mental application caused headache. Did not like to be alone. K.
°Desire to be alone. K.
°Could not look any one in the face. Gloomy, out of humor and much inclined to fault-finding. G.
Anxiety; oppressed, as if I had heard unpleasant news. G.
Dull and oppressed; ill-natured. G.
Imagines he has hydrothorax. G.
Frightened feeling, as though I was about to be run over by a locomotive. H.
Inability to think. H.
An indescribable feeling of fright. H.
Felt nervous as if I were going to die. H.
Nervous symptoms worse in afternoon and evening. H.

Head.

Heat in the head, with dulness; better by moving about. K.
*Headache in the frontal region, with heat in the head on wakening, with disinclination to arise or move about. K.
Feeling of lightness in the head. K.
Headache increased in the afternoon. K.
5. Stupid feeling in the head. K.
Headache on right side from mental application. K.
Very heavy dull feeling in the head after eating. K.
°Headache, with feeling of lassitude; slight headache and vertigo. G.
At 10 A.M., neuralgic pain from left temporal to occipital region. H.
10. Dull pain in occiput, with fever and flushed face. H.
Pain in back of head and left side of head, lasting from 3 to 6 P.M. H.

Vertigo.

Dizziness, with a feeling of lightness in the head following it, increased in the afternoon. K.
*Vertigo, with slight headache. G.

Face.

Natural in color, with rapid pulse and oppression of breathing. K.
15. Flushing of face during fever. H.

Nose.

Bloody mucus from the nose. G.

Ears.

Ringing in the ears. H.
Roaring in right ear. H.

Sight.

Cloudiness or dimness of vision. H.

Throat.

20. Pain in right side at breakfast; relieved after swallowing a few times. K.
Soreness, right side, after breakfast until 11 A.M. K.
Continually hawking and clearing the throat; worse from singing. K.
Broken voice when attempting to sing high. K.
Dryness in the throat. G.

Mouth.

25. Tender and dry. G.
Dryness in the mouth. G.

Stomach.

Thirst for large quantities of water at rather long intervals. K.
No appetite for breakfast, dinner, or supper. K.
Belching large quantities of wind. K.
30. Sensation as if little lumps rolled up the œsophagus to the throat; relieved by swallowing; then returning again with slight nausea. K.
While eating supper great thirst. K.
Stomach feels empty, without appetite. G.
Nothing tastes right. G.
Better after supper. G.
35. Nausea from 1 P.M. until retiring at 11 P.M. H.
Belching of large quantities of wind tasting like rotten eggs. H.
Nausea from 1 to 5 P.M. H.
Appetite impaired and irregular. H.

Abdomen and Stools.

Loose discharges from the bowels, dark colored, with pain before and after stool. K.
40. Three liquid stools, dark and offensive, with pain before and after stools, and also between times; worse in the afternoon. K.
Emission of fetid flatulence in the afternoon and evening. K.
Liquid stools, accompanied by urging and very sick feeling. K.
Pain in the hypogastric region. K.

Rumbling in the abdomen. K.

45. For two or three weeks alternately constipated and loose. K.
Constipated stools difficult to expel apparently from inactivity of the rectum. K.
Sensation as if diarrhœa would come on. K.
Constipation; dry and sluggish stool. G.
Awoke with pain in the bowels and diarrhœa, at 4 A.M. G.

50. Had four very loose watery stools from 4 to 6 o'clock, A.M. G.
Rumbling in the bowels, but slow stool. G.
Awoke at 5 A.M., with loose and watery stool, and belching of gas like rotten eggs; no pain, and no control of sphincter ani; no appetite for breakfast. H.
Two loose stools at 6 A.M. H.
A great deal of offensive wind, with several loose stools. H.

Hypochondria.

55. Soreness on pressure, on both sides, under the short ribs. K.
A *stitching pain* on the right side, under the false ribs, when riding horseback. K.
Pain in right side, with occasional stitches. G.

Genital Organs.

*Seminal emissions nearly every other night. K.
Strong desire for coition, with feeble erections. K.

60. Dribbling of fluid from the urethra (not urine) during stool, and after urinating. Also from friction against his clothes, and while talking to a young lady. K.
°Seminal emissions without erections. G.
Frequent and painful erec'ions, which awoke me several times. G.
Slight burning in the urethra while urinating. G.
Sexual desire increased. H.

Urine.

65. Passed a large quantity of urine at 10 P.M; pulse 70. G.
Passed water frequently during the morning, notwithstanding I had four watery stools after midnight. G.
Passed a large quantity of water in A.M. G.
Urine turbid and high-colored. H.

Respiratory Organs.

Expectoration of thick, light-colored lumps of phlegm in small quantity. K.

70. Pain in lower part of the chest when drawing a long breath. K.
Slight oppression of the chest. K.
Breathing rather hurried. K.
Towards 6 P.M. very weak feeling in the chest, slight pains in different parts of the chest, and disagreeable cough, lasting until after retiring. K.
Cough preceded by tickling in the throat. K.

75. Short cough coming at regular intervals. K.
Two or three single coughs come together. K.

Cough, with draggy feeling in lower part of the chest. K.
Cough, with sensation as if something was tearing loose in the chest. K.
Cough without expectoration. K.
80. Cough worse from exercise and from going into the house from out of doors. K.
Cough worse from warmth. K.
Feeling of constriction in the chest, with painful, difficult breathing, in the morning. K.
Chest symptoms are worse on the left side. K.
Tightness about the chest as if the air was forcibly kept out. G.
85. Cannot fill my lungs as full as usual. G. (Worse on left side.)
At 5 P.M. feeling of fulness about chest. G.
At 3.30 P.M. pain from left nipple to right nipple, from right nipple to right shoulder, thence down to little finger on right side. H.
Pain half an inch below nipple, shooting like electricity, lasting three-quarters of an hour. H.

Neck.

Soreness in the nape of the neck; right side worse when pressed upon. Came on at 9 A.M. Pain worse when twisting the head to the left, not to the right, side. K.

Upper Extremities.

90. Glandular swellings under the arms. K.
Itching eruption on the anterior surface of the arms. K.
On the anterior and posterior borders of the axillary space the skin was chapped, rough, and scaly. Appeared first on the right and then on the left side. K.
Vesicular eruption, more on the right than on the left hand; also between the fingers of both hands; crusty and cracked. K.
At 3 P.M. the pains in the knees gone, and now feel some of it in the left arm above the elbow. G.
Shooting like an electric pain down the right arm into the little finger. H.

Lower Extremities.

95. Legs feel heavy and weary. K.
Eruption on the thighs and legs. K.
Numbness of the left leg while lying on the left side; relieved by lying on the back or right side. K.
Troublesome itching of both legs G.
Slight pain, like rheumatism, in both knees in the morning. G.
100. Painful feeling in left instep. G.

Sleep.

Very sleepy until 11 A.M. K.
Very sleepy in the evening; could hardly keep his eyes open. K.
Restless night; was a long time getting asleep. G.
Very drowsy, and retired at 11.30 P.M., but was long in getting asleep. G.
105. Awoke at 7 A.M. feeling unrefreshed. G.

Very sleepy; retired at 11 P.M.; slept well; arose at 7 A.M. Had painful erections twice during the night, without dreams. G.
Hideous dreams. H.
Sleepy and stupid, hard to keep awake. H.

Dreams.

Lascivious dreams with emissions. K.
Hideous dreams. H.

Fever.

Pulse short and quick. K.
Skin of the whole body very hot, alternating with chilly sensations in the night, then profuse perspiration during sleep. K.
Chills at 1 P.M., lasting till 5 P.M. H.
(This symptom came three days in succession.)
Chills accompanied with ringing in the ears, most in the right. H.
Nausea from 1 to 5 P.M.; then dull pain in the occiput, followed by fever and flushed face and thirst, until 9 P.M.; also passing great quantities of loud wind from bowels. H.

Skin.

Itching, scabby, cracked, and scaly eruption on different parts of the body; the arms and hands most affected. K.
Raw, bleeding surface under the scabs. K.
Irresistible desire to scratch, which temporarily relieved; continued scratching caused a raw, smarting, burning sore feeling. K.
Vesicular eruption, with thin transparent fluid, afterwards milky. K.
Eruption on the right hand, extends along the anterior surface of the ulnar side of the hand; on the left it extended over the metacarpal bone of the thumb. K.
Unnatural accumulation of dandruff. K.

Generalities.

Soreness of the body all over.
Increased heat of the whole body.
Glandular swelling in right axilla; increased to the size of a turkey's egg; hard and painful in the afternoon and during the night, less towards morning; in about a week suppurated, and discharged a quantity of thin bloody pus; pain was of a stitching and dull character; discharge became offensive before healing. K.
Glandular swelling the size of a hazelnut in the left axilla; suppurated and discharged. K.
Two glandular swellings in left axilla rapidly increased in size for one week and then gradually disappeared; very hard, red, and painful; worse in the afternoon, evening, and forepart of the night. Slight pressure did not increase the pain, but hard pressure made them very painful. From these, running down the inner surface of the left arm to the wrist, small lumps about the size of a pea split in half; at irregular intervals worse from pressure or rubbing quickly.
The symptoms first manifest themselves upon the alimentary tract, afterwards upon the respiratory organs, and then upon the skin.

Itching eruption upon the anterior surface of the arms, from the bend of the elbow down nearly to the wrist.
Stitches in different parts, passing off soon. G.

Aggravation.

130. In the morning after sleeping.
Headache and dizziness worse in the afternoon.
Diarrhœa worse in the morning and afternoon.
Feels generally worse in the afternoon.
Walking and exercise caused much fatigue.
135. Fever and chilliness in the night.
Great sleepiness in the evening.
Itching of the skin worse when thinking of it and from continued rubbing and scratching.
Cough worse when getting warm, but he feels sensitive to cold air.
Symptoms of the throat worse when singing.
140. *Chest symptom worse on left side.
Felt worse generally in a warm room, a peculiar disagreeable feeling.
From onanism and seminal emissions.
Tightness of chest is worse when lying on the left side.

Amelioration.

Throat, from swallowing.
145. Head, from moving about.
General symptoms better in the open air.

1876.

THE PROGRESS OF HOMŒOPATHY.

BY ADOLPH LIPPE, M.D., OF PHILADELPHIA.

The progress of homœopathy in our State, as well as in the United States, has been rapid and unparalleled in the history of medicine, and there are now reported to be five thousand practitioners of homœopathy in the United States. This rapid progress might well be ascribed to the free institutions of this great republic, the Centennial of which is now being celebrated A new school like ours, in order to secure a permanency as an established school of medicine, although aided much by our free institutions and untrammelled by oppressive laws, can only attain this by a *progress in the school itself.*

Hahnemann gave to the world his philosophy and method, through which might be obtained the true end and object of all medical treatment, viz., a prompt, mild, and permanent mode of cure, in his classical work, *The Organon of the Healing Art.* This work should be carefully read by every person who wishes to ascertain the truth or fallacy of homœopathy, and should be well understood by the investigating student

of medicine before proceeding further; by his study of Materia Medica he prepares himself to make the clinical experiment which alone can decide for him the question to which he desires a solution. If a person is *not* possessed of this previously acquired knowledge obtained by a diligent study of the *Organon*, and makes the practical experiment not in conformity with the indispensable knowledge derived from this study to guide him, a failure, either entirely, or certainly partly, must and will ensue.

The earliest and later disciples of Hahnemann accepted first his philosophy and method; his principles and their practical applications coming to be accepted by the continuous good results following their application in therapeutics, which results practically proved the correctness of the master's teachings. With this acceptance of Hahnemann's teachings, his disciples were *not* committed to the assertion, with which they find themselves burdened, that they considered and accepted his *Organon* and later works as the Alpha and Omega of homœopathy, much less as the beginning and the end of all medical science. The *Organon* in fact only teaches the medical student how to utilize the previously acquired knowledge of all and every branch of medical science; the *Organon* shows and clearly explains how much of the acquired medical knowledge of the various thinkers among the profession is real science and can be utilized, and how much of it is mock science, unfit for utilization. It clearly shows how the latter has been turned to a ridiculous purpose; how system after system, based on a fallacious hypothesis, has been established, to be in its turn rejected by the next generation and give place to another system based on fallacy. Almost all these periodically returning changes had their origin in a belief of medical men that they were able to discover the *prima causa morbi;* and against this hypothetical material cause were their hypothetical therapeutics directed. The fundamental error then of all medical systems was to be found in their "*materialism*," in their belief that disease was a tangible and comprehensible thing, and as such had to be eradicated from its hiding-place in the system They boasted, each in turn, as they changed the "*system*," that they sought out and removed the morbific cause, and followed the traces of nature herself in the treatment of disease. Hahnemann expressed himself repeatedly on that subject, but never treated it in a more condensed and, to our present purposes, for illustration, more adapted form than we find in his introduction to the *Organon*, where he says: "*They talked* of being able to discover the cause of disease, without succeeding in their pretended attempts, for by far the greater number of diseases being of dynamic origin, as well as of a dynamic nature, and their cause, therefore, not perceptible to the senses, they were reduced to the necessity of inventing one. By comparing, on the one hand, the normal state of the parts of the dead human body (anatomy) with the visible changes which these parts had undergone, in subjects which had died of disease (pathological anatomy), and, on the other, the functions of the living body (physiology), with the endless aberrations to which they are subject in the various stages of disease (semeiotics, pathology), and drawing from thence conclusions relative to the invisible manner the changes are brought about in the *interior* of man when in a diseased state, they succeeded in forming an obscure and imaginary picture, which theoretic medicine regarded as the *prima causa morbi*, which afterwards became the proximate *cause*, and, at the same time, the *immediate essence of the disease*, and even the *disease itself*, although common-sense tells us that the cause of anything can never be, at the same time, both the cause and the thing itself. How was it then possible, without deceiving themselves, to pretend to cure this yet undiscovered internal cause, or venture

to prescribe for it medicines whose curative tendency was equally, for the most part, unknown to them, and more especially to mix up several of those unknown substances in what are termed prescriptions?"

There are to-day self-appointed champions of progressive homœopathy who accept Hahnemann's teachings above referred to, but who claim that, since Hahnemann made these declarations, our brethren of the old school have been most diligent in the pursuit of medical science, and that we may most profitably ask what relations the departments to which they have especially devoted themselves now holds to the science which alone distinguishes us from them,—Therapeutics? The answer of some men is, pathology, which hardly existed as a positive science in Hahnemann's days, and has been diligently elaborated by ingenious and exact experimentations until to-day it holds no mean rank among the positive sciences of observation. Must we denounce it as Hahnemann did the pathology of his day? Can we not use it?

There then arise momentous questions concerning the progress of homœopathy. If we believe that in Hahnemann's days pathology hardly existed as a positive science, but has since then taken the rank of a positive science of observation, we may well come to the conclusion that if our science of therapeutics be not capable of adapting itself to, of dovetailing with, or making subservient to its uses any exact related physical science, then this fact should amount to a condemnation of our therapeutics. If it were so, then our therapeutics, established while pathology is said to have hardly existed as a positive science of observation, could never have been successful, could never have been accepted, and would have proved to be unreliable on account of a want of success in its practical application for the cure of the sick. History contradicts all the above assertions, contradicts the premises, and with them destroys the argument and deductions. Professor Schœnlein fully demonstrated the possibility of elevating pathology to a positive science of observation, and a *second* edition of his lectures was published in 1832.

Hahnemann published the last (fifth) edition of his *Organon* in 1833, one year later than Schoenlein's second edition of his *Lectures on Pathology*. Hahnemann must, therefore, have been fully conversant with the great progress Schoenlein had made in elevating pathology to a science of observation. Have the diligent, elaborate, ingenious, and exact experiments so changed pathology since the days of Schoenlein and Hahnemann that we must consider Hahnemann's denunciations of pathology as unjust, uncalled for, and not applicable to the present state of affairs? Can we use it? The situation has not changed at all. Hahnemann himself made use of pathology and pathological names, but he strenuously objected to construct by its aid a theory of the essential nature of the disease. The use Hahnemann made of pathology and pathological names is very clearly illustrated in his preface to Aconite in his *Materia Medica Pura*. Hahnemann first enumerates various diseases by their pathological names, and says they are often curable by Aconite, but he very cautiously adds, "that Aconite will be especially indicated when there are found, besides thirst and a quick pulse, an anxious restlessness, an inconsolable anxiety, and an agonized tossing about." Pathology failed (like all other branches of medical science, physiology included) to show the cause of the above-described mental condition indicating Aconite, and failed to show the cause why two individuals, suffering from the same disease, had different, nay, often opposite, mental symptoms, and fails to this day to show the cause why, *as we well know*. Aconite will promptly cure a disease when these symptoms are present, and will be worse than useless if it is administered for the cure of the disease when

these characteristic symptoms are absent. It becomes thereby evident that we never did, never can, adapt ourselves to, or dovetail with or make subservient to its uses, pathology as an exact science of observation. Since the days of Schoenlein and Hahnemann, the one systematizing pathology, the other teaching the therapeutics of the healing art, various changes have occurred. We find Professor Bock and his co-laborers collect the results of their researches in pathological anatomy. They were laborious, painstaking, scientific men, and we, as students of medicine as a science, must honor them, and as true healers we will forever be compelled to acknowledge our regret at not being able to make the slightest use of their researches any more now than Hahnemann did when he wrote the preface to his last edition of his *Organon*, in 1833. They then and later showed to us the destruction, changes, and alterations in organs and tissues produced by disease causing death, but all this never did, never can, show us the causes of diseases, or the disease itself, or even the presumable condition existing at the beginning of the disease. We cannot, therefore, any more than in 1833, adapt our therapeutics to this branch of medical research. The therapeutics of the common school of medicine was no more benefited by all this newly accumulating knowledge than was ours, and the common school of medicine, once more disappointed, turned to physiology to explain first the phenomena of the healthy functions. When these were disturbed and disease followed, they imagined themselves to be able to discern to a positive certainty the changes and alterations caused in the various organs and tissues physiology sickened. They further considered themselves able to find the very seat of the disease, its causes and effects, and the very nature (material) of the disease, its causes and effects. Our science of therapeutics is not capable of adapting itself to, or dovetailing with or making subservient to its uses, the knowledge acquired by the physiological school. Thankful as we are as students of the medical science for the results of the labors of these scientific men, we *as* students of medicine accept them and profit by the acquisition of knowledge. As healers, however, we shall be forever compelled to exclude them from our therapeutics proper, for as healers we cannot consistently or profitably utilize them. This question, once agitated, now comes to a close settlement, and I do not know that I can better illustrate our true position as homœopathicians, as true healers, than by quoting from Dr. Carroll Dunham's address delivered before the World's Homœopathic Convention, June 26th, 1876.

Dr. C. Dunham said: "If, diverting pathology from its legitimate function, the homœopathist constructs by its aid a theory of the essential nature of the disease, and a theory of the essential nature of drug-effects, as that the one or the other depends on a plus or minus of some blood constituent, or on such or such a cell-change, or on such or such structural lesion, and if he draws his indications for treatment from such theory, he introduces into his therapeutics the same element of *hypothesis* against which Hahnemann protested, and in so doing he diverges from homœopathy towards the blind uncertainty of the older therapeutics. Moreover, however well grounded his hypothesis may be, if he prescribes on the basis of a pathological induction, or when he elects to regard one pathological modification of function or tissue as comprising the sum and substance of each and every case in which it is recognized, he prescribes for a *class*, and is unable to observe that strict individualization which is essential to a sound homœopathic prescription. This must always be the case. It is especially true in the present imperfect state

of pathology, which has no way of accounting for the fine subjective symptoms that are so valuable to the individualizer."

The position taken by Dr. Carroll Dunham on this subject is clearly expressed, and his argument is as convincing as it is unanswerable. It will be accepted as settling the mooted question of making *our* therapeutics subservient to physiology and pathology, and by so doing we enter into a new progress in homœopathy. These so clearly expressed views are easy of *illustration.* The semblances of differences in the symptomatology, say of pleurisy and pleurodynia, are well known to the pathologist, and are known to a considerable degree of certainty. The homœopathician finds one or the other of these diseases present, but the symptoms showing the presence of one or the other of these similar diseases do not, cannot, constitute the totality of symptoms he seeks for. The symptoms so found only demonstrate to the healer the presence of a well-known pathological condition, or in other words, give him a picture of "sick physiology," and that is all; is he then to prescribe for that sick physiology? Surely a few more subjective symptoms not necessarily belonging to the pathology of the case but to the sick individual will be of more use to the healer than all the physiology and pathology of the case. Physiology, pathology, and nosology taught the *diagnosis* of sick physiology, but, as above stated by Dr. C. Dunham, the *diagnosis* of the remedy (our therapeutics) cannot rest on the diagnosis of the disease; the healer, true to the teachings of our school, will soon observe these valuable subjective symptoms belonging to the patient, but not necessarily to the form of the disease he is afflicted with; and the more knowledge the healer has of pathology the better will he be able to discern these very characteristic and valuable symptoms essentially belonging to the individual and not to the sick physiology; *therefore* the best pathologist will make the best healer. Guided by these subjective symptoms, he will be able to diagnosticate the truly curative (homœopathic) remedy. The physician (healer) who *solely* relies on pathology in order to find the totality of symptoms diverts pathology from its legitimate functions; he constructs by its aid a theory of the essential nature of the disease, and a theory of the essential nature of drug-effects; he prescribes for a *class*, ceases to be an individualizer, and does not make a sound homœopathic prescription, and necessarily meets with no good success.

We as a school accept Hahnemann's teachings, and know full well that he has only laid the corner-stone to a structure to be built by future generations. It is for us then to consider in what manner all of us collectively and each of us individually must proceed in the building of this structure, and how we may aid in the further development of homœopathy. The structure must participate in the characteristics of the foundation, and we find that this foundation is composed of, 1. Law of the similars. 2. The principle that the totality of symptoms observed on the sick constitute the disease, and the totality of symptoms obtained by provers (of one medicine at a time) constitute our knowledge of Materia Medica. 3. The application of the single remedy in a dose sufficient to cure (minimum dose) constitutes our therapeutics. And in this manner has homœopathy been progressively developed. After accepting the law of the similars new remedies have been proved and our Materia Medica has been steadily augmented. By this accumulated knowledge we are to-day much better prepared to combat disease than we were in our earlier days; we are now able to heal the sick in a shorter time and with less medicine than we were before this accumulating knowledge of drug-action was obtained by persistent new provings, in which manner our Materia Medica was continuously developed. And last but

not least, have we been going on in learning that potentization can be carried much further than we formerly conceived the possibility of, and we have not yet found any potency so highly potentized as to become inert; to the contrary, the best observers *unanimously* state it as their experience that by continued potentization the medicines become more powerful in their action, and that the highest potencies possess proportionately greater curative powers, and are therefore preferable to the lower less powerful potencies.

Not only has our own school developed the healing art in this manner, but we see the whole line of *medical* THINKERS move forward in like manner. The *progressive* men in the old school abandon the idea of "disease" as a palpable thing, and teach "individualization;" again they make an effort, as yet very clumsy, to prove drugs on man and beast, but even the clumsy results of their so-called physiological drug provings can be utilized by us. It is a grand move forward, a great step, by which before long the great prevailing differences between the schools will be obliterated, they fully accepting Hahnemann's teachings without compromise or possible modification.

And as by present appearances the united movement of all progressive medical men is in support of the fundamental teachings of Hahnemann, and calculated to develop a further progress in homœopathy, it behooves us to exercise towards all that charity which blended by justice does not admit the indorsement, shielding, or excusing of fundamental errors; while it also encourages us to labor persistently for what we believe to be right, and submit patiently till the right can be realized.

1876.

APPLIED MATERIA MEDICA.

BY A. P. BOWIE, M.D., UNIONTOWN, PA.

THE verification of the symptoms of the Materia Medica seems to me to be the most important work of the homœopathic physician, and I offer the following group of symptoms that I have verified.

Myrica cerifera cured the following group:

Very despondent.

Dull heavy headache, worse in the morning; yellowness of sclerotica, with redness of eyelids.

Tongue coated dirty yellowish (like mud smeared on).

Taste bitter; breath offensive.

No appetite; skin yellow.

Dark-colored urine (like ale).

Feels very weak and drowsy, with much muscular soreness and aching, worse in lower limbs.

The above-named remedy in 1 gr. doses of 1st dec. trituration produced improvement in twenty-four hours, and in a short time cured the whole group.

This remedy should always be thought of in cases of jaundice.

Lycopodium, 30 and 500.

In a case of pneumonia complicated with jaundice, where the *fanlike motion of the alœ nasi* was a marked symptom.

Lyc. 30th followed by the 500th potency cured the case.

Manganum 30th cured the following group:

External ear painful to touch.

Pain in right ear from teeth (teeth sound).

Burning of ears as if standing near a stove; pain worse in morning and in open air; ear is so sore she can't lie on that side.

Manganum 30th, one powder in a tumbler of water, dose, one teaspoonful every two hours, quickly removed the pain, but then a new symptom was complained of. The menses, which ceased a week before the remedy was taken, returned while taking Manganum. The remedy was discontinued when the menstrual flow ceased. Had always been very regular in menstruating.

Kali carbonicum 30th cured the following symptoms:

Swelling of stomach and abdomen.

Stomach feels as if it would burst.

Stomach sore externally to pressure.

Stitches in stomach, abdomen, and back. This condition has lasted several days. Kali carb. removed all the symptoms in forty-eight hours.

Aloe socotrina 30th:

Has to go to stool immediately after eating; after stool feels as if more fæces would pass.

Stool falls out of anus without sensation or exertion.

Involuntary stool, with passage of flatus. Examination with finger per anum revealed deficient contraction of sphincter, with much mucus in rectum. Aloes 30th cured all the symptoms.

Berberis vulgaris, 3d trituration, cured

A cutting pain in left side of the region of the bladder, extending into urethra, coming from left kidney along the course of the ureter.

Tearing pain in region of both kidneys soon after rising in morning.

Lower part of back feels stiff when stooping. Pale-yellow urine with mudlike sediment.

Bubbling sensation in region of kidneys.

Pain from the region of kidneys extending to the groin. 5-gr. dose of 3d trituration every two hours soon relieved the excruciating pain, and the whole group was cured in a short time.

1875–1876.

ARSENIATE OF SODA.

INTRODUCTION.

The Homœopathic Materia Medica Club of Allegheny County consists of the younger graduates and some of the students of homœopathy of the county, associated in an organized society gotten up for the purpose of perfecting its members in the study and application of the Materia Medica. At the time this proving was commenced, the club consisted of fourteen members, eight of whom furnished individual records kept by themselves in making the proving; and in addition to these, Millie J. Chapman, M D., also kept and contributed a record of provings.

Three of the original provers went over the proving a second time, taking each an ounce of the tincture. The records made in the reproving were noted by a person other than the prover, in order to correct a defect markedly seen in the first record, growing out of the influence of the drug upon the memory.

On entering upon the proving none of the provers knew what drug they were taking.

The persons furnishing records from which this paper has been made were

J. S. C.—J. S. Crawford, M D.
J. H. B.—J. H. Buffum, M.D.
R. R —R. Ramage, M.D.
O. R. S.—O. R. Shannon, M.D.
J. G. T.—J. G. Thompson, M.D.
J. C. K.—J. C. King, M.D.
M. J. C.—Millie J. Chapman, M.D.
W. J. M.—Mr. W. J. Martin.
Z. T. M.—Mr. Z. T. Miller.

The three who made the reprovings were:

O. R. S.—O. R. Shannon, M.D.
R R.—R. Ramage, M.D.
J. G. T.—J. G. Thompson, M.D.

EXPLANATORY NOTE.

The capital letters preceding a paragraph of symptoms represent the initials of the prover; thus R. R. refers to R. Ramage, M.D.

The figures 3^d, 43^d, 8^d, indicate *the day of the proving* in which the symptoms they precede were observed.

The figures following symptoms indicate the strength of the drug producing them. Thus, ^{0}, ^{6}, ^{15}, ^{30}, following a symptom, show that it was produced while the prover was under the influence of the tincture (solution) or the sixth, fifteenth, or thirtieth dilutions respectively.

The symptoms have been arranged to facilitate reference as much as possible.

This drug is a combination of Arsenious acid and Nitrate and Carbonate of sodium in the following proportions:

Arsenious acid, ...	10
Nitrate of sodium, ...	8
Dried Carbonate of sodium, ...	5

These substances, finely pulverized, are put into a clay crucible and covered; then brought to a full red heat until effervescence ceases, at which point complete fusion has usually taken place. The fused salt is then poured on a porcelain slab and allowed to solidify, and while still warm is put into a sufficient quantity of distilled water boiling hot and stirred till dissolved. The solution is then filtered and set aside to recrystallize. The crystals when formed are drained, rapidly dried on filtering-paper, and kept in well-stoppered bottles to prevent efflorescence.

This preparation has been considerably used in old-school practice, and is preferred by many of that school on account of its being milder in its action and less dangerous in the using than Arsenious acid. From a twelfth to a third of a grain are the bounds within which it is usually given with safety.

It is, however, more frequently used in solution, and is the base of Pearson's solution, and is also the base of a solution of the *U. S. Pharmacopœia*.

Pearson's solution consists of one grain of the Arseniate of sodium to

an ounce of distilled water, and that of the *U. S. Pharmacopœia* four grains to the ounce of distilled water.

This proving was commenced on all who took the medicine with the thirtieth attenuation in five, ten, and fifteen drop doses, each dose to be put into about an ounce of water, and to be taken in that form. The first tincture (solution) used was prepared with ten grains troy, by weight, to the ounce of distilled water. The attenuations used were made from this tincture. The tincture used in the three reprovings added to this paper since it was presented last year, was made of eight grains troy to the ounce of distilled water. The attenuations were made on the decimal scale, and prepared with distilled water as far as the third, and then with alcohol.

The medicine, both the attenuations and the tincture, was taken by most of the provers at the rate of three doses per day upon an empty stomach. The proving was commenced in July, 1875, and the last record made was in the December following.

The principal symptoms are here noted in the order in which they occurred in most of the provers:

Synopsis of Symptoms Produced.

Dulness and want of power to concentrate the mind. Inability to think clearly or study to advantage. Dull pain in the orbits and supra-orbital region. Fulness and great swelling of the orbital region Congestion of the vessels of the conjunctiva, worse from day to day while the proving continued. Thickening of the conjunctiva, and when the ball is rolled from side to side, or up and down, that membrane is rolled upon itself, so as to appear in folds or reddened fleshy-looking masses between the ball and lids. The frontal headache and smarting of the eyes and orbital swelling are worse in the morning, wearing lighter as the day advances.

A reddish papular eruption over the face, more on the right side of the face. Thickening and œdema of the tonsils, uvula, and soft part of the palate. Obstruction of the nasal cavities. Hawking of a tough, gelatinous, grayish-yellow mucus from the throat and posterior nares. A watery discharge anteriorly from the nose. A teasing dry cough through the day, continuing long after the medicine ceased to be taken by the provers.

The usual resonance on percussion, but at times no respiratory sounds to be heard. Fluctuation in the action of the heart. Its action very much accelerated and the respiration rendered difficult by protracted fatiguing effort or exercise.

Extreme tenderness in the epigastric region. Pain from time to time shifting through the bowels; relieved by the escape of gas or the passing of fæces. The stools occasionally laxative and at times of natural consistence. An unusual quantity of gas generated in the bowels and passed off per anum.

Tenderness in the epigastric region and more or less distension of the abdomen.

Appetite increased while taking the tincture and became poor after ceasing to take it

Tongue but little coated in some of the provers; somewhat reddened and corrugated in others. Thirst. Shooting pains in the chest on either side at the junction of the ribs with the cartilages. Neuralgic pains in the parts supplied by the sciatic and crural nerves.

Skin.

First Proving.

R. R.—3d. Fine red rash on the face and neck, most of it on the right side,0.

6d. Rash still as above,0.

8d. The fine miliary rash still on the face and neck,0. On retaking the medicine after a lapse of twenty days the rash brought out by the first taking of the medicine did not again appear,0.

J. C. K.—43d. An eruption of diffused irregular patches, with numerous papular elevations, without areola, with pointed apex, on the face and neck. Most abundant between the zygoma and the ramus of the lower jaw. A goodly number, however, on the neck, and more on the right side than on the left,0.

58d. Have a small boil on the right side of the chin, and one on the tuberosity of the ischium,0.

W. J. M.—51d. Within the last three days there has appeared on the skin covering the left superior maxilla a number of hard very red pimples, not very painful,0.

M. J. C.—8d. Yellowish blotches resembling moth patches appear on the cheeks and forehead, remaining a day or two,30.

J. H. B.—11d. A boil appears on the outer hamstring of the left leg,30.

Reproving.

O. R. S.—9d. The complexion a little red or purplish,0.

22d. The skin natural,0.

J. G. T.—11d. A brownish scaly condition of the surface of the chest which has been there for the past ten years is disappearing, and a reddish color of the surface of the chest and neck remains, distinctly marking the boundaries of the old eruption or discoloration,0.

25d. The chloasma over the chest and lower part of the neck, and also over part of the abdomen and along and over the rectus abdominis muscle, has changed to a moderately bright-red color, and seems to be disappearing,0.

Sleep.

First Proving.

J. G. T.—2d. Had to lay on the face to get to sleep, but slept well through the night,0.

3d. Slept moderately well through the night,0.

6d. Slept poorly; would start up and be wide awake and much frightened,0

8d. Slept better last night,0.

R. R.—4d. Slept soundly,0.

8d. Restless and wakeful, followed in the morning by a general depression,0.

9d. Restless. Sleep full of dreams, with frequent waking,0.

O. R. S —14d. Sleep full of dreams of murder and fighting,0.
15d. Laid down and slept two or three hours, after which arose, feeling better,0.

J. C. K.—23d. Have been very restless for three nights. Frequently waking to find the covers pushed aside and myself in another position from that in which I went to sleep. I usually rest in one position all night, not waking through the night,0.
40d. Had many dreams and was restless last night. Am not usually so,0.
47d. Was restless last night and dreamed, contrary to my usual custom,0.
48d. Slept little last night, was very restless and awoke frequently,0.

Z. T. M.—3d. Extremely sleepy,30.
24d, P.M. Drowsy and sleepy while at work,15.
25d. Did not sleep well; awoke often through the night,15.
39d, P.M. Yawning, without sleepiness.
40d. Slept unusually well for eleven hours, although I usually slept but six and a half or seven hours,15.

W. J. M.—12d. Slept well last night, but dreamed a great deal,15.
49d. Slept well, but awoke early with great pain in the bowels and a dreadful headache,0.
50d., 10 P.M. Took a bath and went to bed, but was restless and could not sleep till after 3 A.M.,0.

M. J. C.—8d. Could not sleep till late because of the uncomfortable feeling in the stomach,12.

J. H. B.—9d. Retired about 11 P.M., but could not sleep till after midnight on account of a restless tossing about,30.
11d. Sleep disturbed,30.

Reproving.

O. R. S.—11d. Slept well through the night,0.
12d. Slept well last night, and felt well on getting out of bed this morning,0.
13d. Slept well and felt moderately well, except dull and stupid,0.
14d. Did not sleep well. Dreamed of getting into a row and having difficulty,0
15d. Took but two doses of the medicine yesterday and slept soundly, but felt weary on waking,0.
17d. Slept well during the past night,0.
19d. Slept uneasily; dreamed, shifted, and was restless,0.
20d. Slept well,0.
22d. Slept well, but awoke in the morning with dry fauces and pharynx,0.
24d. Slept well,0.

J. G. T.—5d. Slept well,0.
10d. Last night, and the previous one, on laying down to sleep, on closing the eyes visions of small black animals appeared to pass as it were before the eyes, arousing him from sleep, and while sleeping black objects were dreamed of. Though the night's sleep was a troubled one he laid still,0.
11d. Sleep troubled with dreams of an indefinite character,0.
12d. Slept through the night without waking,0.

13d. Slept well last night,0.
14d. Slept well,0.
15d. Slept as usual, notwithstanding the feeling of oppression in the chest, and does not recollect coughing through the night,0.
16d. Slept soundly, but was restless, and tossed about without being aware of it, and, on inquiry, find that it has been so since the drug commenced to produce symptoms. When roused up at any time since taking the drug he wakes nervously as if in affright, which is not usual with him,0.
18d. Slept soundly, more so than usual, but tossed about; and when attempts were made to arouse him he rose up in the bed excitedly and lay down again, without being conscious of it in the morning, which was not usual with him. Finds it difficult to get to sleep. Has a feeling of nervousness all the time, which seems to annoy and prevent him going to sleep,0.
19d. Was waked three times during the night by the pain in the inguinal region,0.
24d. Slept well,0.
25d. Slept well, but awoke with a dull frontal headache,0.
29d. A restless feeling prevented his going to sleep till after 1 o'clock in the morning, although he went to bed at 9.30 P.M.,0.
R. R.—3d. Troubled sleep. Unusual dreams of quarrelling and difficulty,0.
4d. Slept well, and had no unusual dreams,0.
7d. Slept well,0.
8d. Slept well,0.
10d. Slept well,0.
12d. Slept well,0.
13d. Was restless and tossed about a great deal through the night. Was at times chilly for a few minutes, then hot,0.

Mind and Disposition.

First Proving.

J. G. T.—2d. Requires an effort to attend to accustomed duties. Feels dull. Tries to write, but it requires an effort to form each word,0.
4d. Feeling of nervousness all through the body,0.
5d. Stupid all day,0.
7d. Feel gloomy and want to sit quiet,0.

R. R.—5d. Listless, languid, wants to sit still. No disposition to attend to his accustomed business. Mind dull; cannot think clearly,0.
6d. Feels nervous. Head feels dull, as if he had taken cold. Cannot concentrate the mind when reading,0.
8d. Cannot remain long in one position; must move about. Feels nervous and much prostrated,0.
9d. Dull and languid all day. Easily fatigued when walking,0.
14d. Still easily fatigued when walking,0.

O. R. S.—Feel dull, stupid, and forgetful,0.
14d. Feel much better doing nothing. Do not wish to think, to read, or to exercise,0. Eight days have passed since I have quit taking the medicine, but still feel its effects.
5d. After recommencing the taking of the drug, feel dull and stupid,0.

7d. Dull and stupid,0.
11d. Continue to feel badly, though the medicine has been done for four days,0.

J. C. K.—21d. Have an unpleasant feeling of general indisposition. Do not feel like thinking or attending to any business. 7.50 P.M. Very nervous. Feel very much exhausted,0.
22d. Quite nervous and uneasy, and not disposed to attend to business,0.
25d. Disinclined to read or accomplish any business. Feel depressed or blue,0.
26d. Went to the country, and while away felt much better. Had no uncomfortable feelings. For several days have had an aversion to an accustomed cigar, and after smoking the symptoms grow worse.
36d. Have felt pretty well for several days,0.
42d, 9.30 A.M. Am unable to concentrate the mind on any subject requiring study. Restless, and unable to think,0.
43d, 9 30 A M. Cannot think clearly and rapidly,0.
45d, 7.05 P.M. Exceedingly nervous; cannot sit still without exercising all my self-command,0.
46d, 7.50 P.M. Have at times through the day felt better, and at times worse,0.
47d, 8.05 P.M Am very nervous; cannot hold my pen steadily,0.
48d, 8.10 P.M. Am still quite nervous,0.
53d, 9.30 P.M. Feel more inclined to study and apply myself to business. The mind is clearer. Feel more cheerful and better in every respect,0.
58d. Feeling better and more cheerful than before I took the drug. This condition, however, is wearing off. It was more noticeable some days since,0.

W. J. M.—7d. Desire to keep quiet,30.
12d. Feeling of lassitude, and want to lie down or to sit,15.
50d. Arose at eight in the morning, feeling very miserable,0.
51d. Am feeling languid and worthless,0.

M. J. C.—2d, 8 A.M. Am dull. Stupid feeling lasting through the day. Can scarcely keep awake,30.
3d. Feel well. Can study easily,30.
12d. Am disposed to be reconciled to circumstances favorable or unfavorable. Feel like working hard. No undertaking too large for me,12.

J. H. B.—9d. Great restlessness; cannot sit still for any length of time without considerable force of will. Feeling as if something was impending, which caused him to move about.39.
11d. Very languid feeling during the day,30.

Reproving.

O. R. S.—10d. Heavy and sleepy. Cannot study. Disposed to remain sitting,0.
11d. Mind clear,0.
12d. Dull and listless all day,0.
14d. Listless and dull. Could not study; but on going into the open air and walking about, all the symptoms were relieved, and while walking he was bright enough, but when he came in and sat down, the same feeling of dulness returned,0.

16d. Mind not fit for study, and disposed to be irritable.
19d. Irritable, dull, and wants to sit or lie and not be disturbed. Cannot study. Forgetful,0.
20d. Mind much clearer,0.
24d. The mind clearer. The disposition to forget entirely changed, and the petulant disposition and feeling of taciturnity gone,0.

J. G. T.—4d. Dull, and indisposed to study. Cannot be interested,0.
5d. Cannot concentrate the mind readily,0
6d. Want of power to concentrate the mind continuous,0.
9d. Confusion, and want of power of concentration, much worse all day,0.
11d. Still depressed,0.
12d. Somewhat dull, and unable to concentrate the mind for study,0.
14d. Feeling of confusion through the head, and want of power to readily concentrate the mind,0.
15d. The symptoms of the mind about as for several days,0.
19d. Still unable to bring himself to study,0.

R. R.—3d. Could not think readily during the day, but this P.M. the mind is clear as usual,0.
24d. Cannot concentrate the mind, or recall names, and indisposed to study or to speak to any one while the afternoon headaches last.
37d. More impressionable to cold than formerly,0.

Head.

First Proving.

J. G. T.—2d. Dull aching in the frontal region on awaking in the morning,0. During the day pain in the frontal region, very severe. Every motion jars the brain,0.
3d. The head feels dull and heavy, with aching pain in the frontal region,0.
4d. The head feels heavy,0.
5d. Dull frontal headache,0.
6d. Confused feeling in the head,0.
7d. The head feels heavy,0.
8d. Dull frontal headache,0.
9d. Dull feeling in the frontal region and at the root of the nose,0.

R. R.—4d, 8 P.M. Feeling of heat and fulness in the whole head,0.
5d, P.M. Violent frontal headache and much prostration. Violent headache; every time he awoke the whole head ached,0.
6d. The headache better, but the head feels dull,0.
8d. The head feels dull. A vacant feeling in the whole head. Cannot concentrate the mind on anything.
9d. Head somewhat better,0.
10d. The head much clearer,0.
11d. The head dull and heavy,0.

J. C. K.—18d, 12.15 P.M. Feeling of fulness in the head all morning. Occasional shooting pains above the right eye. The head feels sore, and I feel drowsy,15.
21d. The head feels dull. 7.50 P.M. Dull pain in the top of the head,0.
22d. The head feels dull and heavy, with some aching on the vertex,0.

25d, 8.25 P.M. Have had a dull aching in the top of my head and above the eyes (not severe) all day,°.

44d, 2 30 P.M. The headache to-day left at this time,°.

45d, 7.05 P.M. Have had an occasional dull headache on the top of the head, lasting about fifteen minutes at a time,°.

46d, 9 35 A.M. Headache on top of the head,°.

47d Have had quite a severe headache at intervals all morning 4.40 P M. Severe sharp headache in the top of the head and in the forehead, above the eyes; worse above the right eye. 8.05 P.M. The aching continues, and is increasing in severity,°.

49d, 8.55 A.M. Have a severe but dull aching on the top of the head and also in the sides of the head. 3.30 P.M The headache lasted till after dinner,°.

Z T. M.—2d. Drawing pain in the right temple, lasting a short time,[20].

3d. Occasional shooting pains through the forehead and right temple.[30].

25d, 12 M. Shooting pains through the frontal region,[15].

26d. Shooting pains in the frontal region,[15];

27d. Feeling of pressure over each side of the posterior inferior part of the occiput, as if resting in a photographer's head-rest. Numbness in the forehead in the evening; A wavering floating sensation on turning the head quickly,[15].

39d, P.M. A boring headache in the temples, from without inwards, principally on the right side and extending to the left, with nausea. The head feels hot, but on placing the hand on the forehead it seems cold. The headache is aggravated by heat, pressure, and tobacco-smoke. Throbbing of the temporal artery,[15].

40d. Severe pain in the right temple on getting up in the morning, which he formerly had, and supposed himself cured of from his having been free from it for a long time. The pain confined to the right temple. While eating breakfast had a severe pain through the right temple, after which the headache grew less. Have had a dull heavy head all the evening, with slight nausea,[15].

41d, 8 A.M. Dull headache in the right temple,[15].

W. J. M.—12d. Head dull and heavy. P.M. Head clear,[15].

48,d 5 P M. Pain in the right temple. Was stooping a great deal during the evening, which aggravated the pain. The pain shifted to the orbital region.[15].

50d, 8 A.M. Bathed my head in cold water without any benefit. Ate a little at noon, which seemed to relieve me, but the aching returned in all its violence on walking out in the hot sun. 8 P.M. Very little pain in the head, and do not feel so weak or sore,°.

51d. Got up between 6 and 7 A.M , having some headache, which continued all day. 6 P.M. Free from headache,°.

J. S. C.—3d, 6 P.M. Dull, heavy feeling in the head lasting about three hours,[30].

4d,3 P.M. Dull, heavy feeling in the head lasting five hours, after which the head ached violently, every motion of body aggravating it, even turning the head, and relieved by tying a handkerchief tightly around it,[20].

5d. Slight dull feeling in the head,[30].

16d, 3 P.M. Dull, heavy feeling in the head, especially in the vertex,

increasing in severity till I went to bed, and was made worse by stooping or moving the head. The aching took away the appetite,[30].

M. J. C.—2d. Throbbing in the head on going upstairs,[30].
8d, P.M. Fulness in the forehead and throbbing in the top of the head,[12].
13d. Dull, heavy feeling in the forehead and top of the head, with occasional sharp pains in the side and top of the head,[12].
15d. Aching in the forehead; heavy feeling in the forehead,[12].

Reproving.

O. R. S.—12d. Slight dull aching through the temples, and across, above, and in the superciliary ridge, worse during the forenoon,[0].
14d. Dull pain over the orbits reaching into the temporal region. Dull through other (confused) feeling in the head,[0].
16d The head feels dull,[0].
17d. Dulness and very moderate aching through the supraorbital region,[0].
18d. Dull supraorbital headache,[0].
20d. The head feels better,[0].
24d. Quite a severe aching through the temples and forehead; worst from temple to temple, and lasting from the time of waking in the morning till 1 P.M.,[0].
36d. No headache for ten days.

J. G. T.—5d. Heavy, disagreeably full feeling in the orbital region reaching to the temples,[0].
7d. Moderately severe aching in the forehead and temples, worst in and above the orbits,[0].
11d. Heavy feeling in the head, but less pain than for two days past,[0].
12d. Less frontal headache than any day since the proving began to develop symptoms,[0].
15d. Awoke with moderately severe pain from one temple to the other over the orbits, which has continued all day,[0].
16d. No headache,[0].
17d. Awoke this morning with very severe aching across the brow above the orbits, with considerable vertigo on moving about, and a sensation of lightness or largeness of the head while sitting, continuing severe till 3 P.M., from which time the aching has gradually lessened till now (10 P M.), there is just enough pain to keep him conscious of it all the time,[0].
18d. About enough of the supraorbital headache to make him constantly aware that he has it,[0].
21d. The supraorbital headache the same as last noted,[0].
23d. Frontal headache rather more severe,[0].
24d. The first impression this morning on waking was produced by a severe pain in the supraorbital region and temples, continuing very severe till 4 or 5 P.M., when it passed into the orbit, posterior to and in the ball of the eye,[0].

R. R.—2d. Dull, not severe, frontal headache,[0].
3d. Headache all day, till since 4 P.M. it has ceased,[0]
4d. The head has been clear all day,[0].
9d. Severe frontal and temporal headache coming between 2 and 3 P.M. and lasting till 5 P.M. While the pain lasted the aching part was sore

to the touch, and during that time he was listless and absent-minded. 10 P.M. The head is now free from pain and soreness and the mind clear,°.

12d. Dull frontal headache,°.

24d. Dull frontal headache for five or six days, coming on each day about 3 P.M. and continuing steadily till 9 or 10 P.M., during which time felt dull and indisposed to study or to speak to any one,°

28d. Since the headache had passed away a feeling of prostration and sinking in the epigastrium, without pain, comes on about the same time the headache comes, and lasts about an hour at a time, and is accompanied with yawning. He has been so daily, except one day, since the headache left. At that time there is a dull feeling in the supraorbital and frontal regions, which passes off with the sinking sensation.

Fever.

First Proving.

J. C. K.—21d, 7.50 P.M. Skin hot and dry,°.

22d. Skin hot, but little perspiration. Temperature $97\frac{7}{10}°$ in the axilla,°.

Z. T. M.—25d, P.M. Very chilly on retiring. Was compelled to cover up, although wife was perspiring beside me,[15].

39d, P.M. Chills on the back that made me shudder,[15].

W. J. M.—11d. Felt hot while in bed and got up feeling tired, with skin hot and dry. Feel warm though the weather is cool,[15].

12d. Skin hot and dry, with feeling of lassitude,[15].

49d. Skin very hot and dry,°.

51d. Skin hot and dry,°.

Reproving.

O. R. S.—14d. Disposed to get near the fire and remain there,°.

J. G. T.—7d. The face feels hot and looks flushed,°.

R. R.—13d. Through the night was at times chilly for a few moments, then hot. The heat was dry and burning, involving the entire frame, and lasting three or four times the time of the chilliness. This condition lasted from 11 P.M. till 3 or 4 A.M., and was unaccompanied by either perspiration or thirst,°.

Nose.

First Proving.

J. G. T.—4d. Dull aching at the root of the nose,°.

5d. Right nostril stopped up,°.

6d. The nose stopped up. Must keep the mouth open to breathe through the night. The nose commenced discharging a clear watery substance after rising in the morning. Constant aching pain at the root of the nose. The discharge from the nose is so profuse as to require the almost constant use of the handkerchief,°.

7d. The discharge from the nose very profuse and watery. Severe aching at the root of the nose,°.

8d. Aching at the root of the nose. The discharge whitish and becoming thick,0.
9d. The discharge from the nose tough and yellowish,0.

R. R.—7d. Stopping up of the nose. Watery discharge from the nose,0.
9d. Catarrhal discharge from the nose. P.M. Less discharge from the nose,0.
10d. Thin watery discharge from the nose,9.
11d. The nose stopped up,0.
12d. Some discharge from the nose. The nose still stopped up,0.
14d. Loss of smell.
5d. After recommencing the taking of the drug, the nose dry,0.
7d. The nose dry,0.

J. C. K —4d. 10 30 A.M. Slight catarrhal discharge from the nose,30.
5d. 9.20 A.M. Slight fluent coryza, with sneezing,15.
21d. The nose stopped up this A.M ,0.
36d. Slight fluent coryza,0.
45d, 9.35 A.M. Discharge of a thick yellowish substance from the nose,c.
50d. Both nostrils are inflamed, and indurations have appeared in both.0.
51d, 11.30 A M. The nostrils are quite tender when touched. 9.30 P.M. The nostrils not so painful,c.
53d, 9.30 P.M. The nostrils are not so painful, but are still indurated and sore,c.

Z. T. M —26d, P.M. Smarting in the posterior nares,15.
39d. Pain at the root of the nose. Stopped up on the right side and dry,15.

W. J. M.—12d. The right side of the nose stopped or stuffed up, and blowing of a thick yellowish mucus from it,15.

J. H. B.—5d. Frequent paroxysms of sneezing through the day, and fluent coryza in the evening,30.

O. R. S.—12d. The nostrils dry, and some thickening of the lining membrane,c.
On getting up in the morning the nasal cavities were stopped up, and from the left nostril a watery, non-irritating discharge continuing till 10 A.M., becoming much less after that hour,c.
15d. The nose obstructed almost completely on waking, but during the day it was about the same as yesterday in that respect. At times through the day, sneezing and considerable discharge from the nostrils, quite fluid from the left, and more gluey from the right nostril, with considerable chafing from the frequent use of the handkerchief,c.
16d. The nose discharging,c.
17d. The nose is discharging, and an odor perceived such as existed on having measles some years since.
18d. Profuse discharge of a watery mucus from the nose,7.
20d. The nose discharging freely a watery substance. The nasal orifices a little chafed, and the nasal cavities very much obstructed in the morning on waking, but free through the day,c.
52d. On waking this morning the nasal cavities were stuffed up, and remained so till 9 A.M., when both nostrils commenced discharging freely,c.
23d. The nose entirely stopped up on waking. The fauces and pharynx

dry, and a quantity of tough yellowish mucus occupying the posterior nares and upper part of the pharynx. Through the day a free discharge of yellowish mucus from both nasal cavities. The sense of smell has been defective since the nose began to show symptoms from the taking of the drug,°.

24d. The nose is still discharging about as yesterday,°.

36d. There is at times a watery mucous discharge from both nostrils; most free from the left,°.

Reproving.

J. G. T.—11d. Thickening of the nasal mucous membrane. Can inhale air, but finds it difficult to exhale. Considerable yellowish, rather consistent mucus drawn by inspiration and hawking from the posterior nares,°.

12d. Through the day considerable sneezing, and a free watery discharge from the nostrils, so far not irritating to the parts with which it comes in contact. The discharge from the posterior nares continues about as yesterday,°.

13d. But little discharge anteriorly through the nares, but the usual amount of hawking and clearing of the throat and posterior nares during the early part of the day, and a free watery discharge from the nasal cavities all afternoon and evening,°.

14d. Has been sneezing, and a watery or semimucous discharge rather copious all day (12.30 M.).

15d. Sneezing brought on by an inspiration of cool air on moving about during the morning, accompanied by a free discharge of the same substance as yesterday. The sneezing was renewed every time he went into the cool air or took a fresh inspiration of cool air. The discharge was free till midday, and since that time it has been gradually diminishing. The nasal cavities feel as if stuffed, but air can be drawn freely through the nose.

17d. The sneezing and discharge from the nostrils has ceased. There has been none of it for two days. Can draw air freely through the nostrils, but there is a feeling in the posterior nares as if obstructed, preventing easy and clear articulation in speaking,°.

25d. No discharge anteriorly from the nose for a number of days past,°.

R. R.—11d. The nasal mucous membrane thickened, and the nasal passages somewhat obstructed. Some indications of exudation from the nasal mucous membrane setting in,°.

12d. Slight discharge of mucus from both nasal cavities,°.

13d. Moderate discharge of a tenacious whitish mucus from the nasal cavities,°.

24d. There is still a little watery discharge from the nostrils,°.

Ears.

First Proving.

J. C. K —37d, 9.40 P.M. Annoyed by a rushing noise in the right ear, lasting from ten to fifteen minutes, and resembling the escaping of steam from an engine just starting, and synchronous with the pulsation of the temporal artery. Have been troubled with it before, but not lately,°.

Z. T. M.—7d, P.M. Shooting pain over the right ear,30.

Reproving.

J. G. T.—4d. Dull of hearing at all times, but more so to-day,°.
5d. Hearing about as usual,°.
12d. Hearing about as usual,°.

Mouth.

First Proving.

J. C. K.—22d. The teeth and gums tender. The tongue is coated with a whitish-yellow coating.
37d. Small blister on the right side near the base of the tongue,°.
43d, 9.30 A.M. Sour taste in the mouth,°.
51d, 11.30 A.M. The corners of the mouth are indurated and painful, the right worst,°.
53d, 9.30 P.M. The corners of the mouth still fissured, the right worst.

Z. T. M.—2d, 9 A.M. One hour after taking ten drops of the medicine felt a very sensible constriction and burning in the lower part of the larynx, more markedly felt on the right side. Constrictive sensation in the throat below the larynx, all evening. Constrictive burning feeling in the œsophagus,[20].
3d. The tongue slightly coated and a pasty taste in the mouth. Hawking up of a grayish, viscid, tenacious mucus, with rough feeling in the throat. Constricted choking feeling still in the throat. An ulcer in the mouth, very sore,[30].
5d, P.M. Great constriction in the throat. Pyrosis felt below the thyroid cartilage,[30].
7d, 9 P M. Some constricted feeling in the throat,[30].
26, P M. Roughness of the throat. A tenacious whitish mucus causes considerable hawking to free the throat,[15].
27d. Scraping and raw tickling sensation in the throat,[15].
36d. Moderate feeling of constriction in the region of the thyroid cartilage, as if pressed between the thumb and finger,[30].

W. J. M.—7d. Ulceration, such as has heretofore occurred at the right commissure of the lips, from a cold, and continuing three or four days,[30].
12d. Slight whitish coating on the tongue. The throat rough,[15].
13d. The tongue coated a yellowish-white, and a bitter taste in the mouth,[15].
43d, P.M. Dryness of the larynx; it feels as if inflamed. Great difficulty in detaching the mucus, which is very small in quantity and of a dirty slate color,[15].
49d. The throat is rough and clogged up with much mucus, difficult to dislodge and of a dark slate color,°.
50d. Feel very weak at times; the mouth gets watery, and I think that I am going to vomit. Bitter taste in the mouth, with belching and sour eructations for two or three hours after eating. Entire absence of thirst,°.

J. H. B.—3d. The tongue feels dry, as if burned. Liquids do not remove the sensation,[30].

O. R. S.—12d. Disposition to hawk and draw from the posterior nares and throat a thick semisolid whitish mucus, continuing through the day, but most annoying on lying down to sleep,°.

16d. Hawking a great deal.

17d. Sensation of dryness all day in the fauces and pharynx; the parts look red and glassy. Have been thirsty till 10 A.M. all the past week.0

18d. Clammy taste in the mouth. A whitish fur on the tongue, most dense near the base and on getting out of bed. Hawking worse in the open air,0.

19d. Thirsty on getting out of bed, the throat dry, and when dry the cough is most troublesome. The tonsils, uvula, and soft part of the palate red, thickened, and sore-looking, but gives no special pain on swallowing,0.

20d. On waking this morning found the throat dry and a lot of stiff tenacious mucus lodged in the upper part of the pharynx, which on trying to dislodge caused gagging,0.

21d. The throat is a purple-red, rough, and pitted in places, and studded with little patches or points filled with mucus.

22d. On waking in the morning the fauces and pharynx were dry and the uvula swollen, but not feeling sore. He gags when the mucus (which is tenacious and difficult to dislodge from its position posterior to the soft palate) is brought down into the pharynx. During the day the throat has been dry and sore and empty; deglutition painful. The tonsils, fauces, and pharynx are a purplish-red so far as can be seen, and œdematous, and in places covered with a tough, whitish, viscid mucus,0.

23d. The throat is painful on empty deglutition all day, but there is no soreness on swallowing food or drink,0.

24d. On waking the throat was much better. Still frequent hawking and clearing of the throat. The œdema about the throat and fauces less.

36d. There is still a disposition to hawk and clear the throat of the same tenacious mucus before noticed. The dryness of throat is now only occasionally felt. The soreness has become much less, but the fauces and uvula are œdematous and redder than natural.

Reproving.

J. G. T.—3d. Very thirsty all day,0.

4d. The thirst continues,0.

5d. Considerable thirst, but not so much as during the previous two days,0.

6d. Less thirst,0.

15d. Hawking this morning, as for some days past, but less this afternoon,0.

17d. The hawking continues. The mucus hawked up is tougher, a little more yellow, and the hawking a great deal oftener,0.

18d. The hawking and clearing of the throat and posterior nares the same as when last noted. On looking into the throat the tonsils, the uvula, and as far as can be seen of the pharynx are thickened, irregular on the surface, swollen, and a purplish-red, with an abundance of a yellowish or yellowish-gray mucus. There has been no soreness felt on swallowing, but some trouble in modulating the voice. The most of the soft part of the palate is thickened, and presents to a degree the same appearance as the fauces. The color is deepest on the inner edge of the tonsils and uvula, and pales more the farther from that point till lost well up on the arch,0.

20d. The hawking has been very troublesome all day, but worst in the morning. The throat is not so dark and rough in its appearance, but feels about the same to the prover,0.

23d. The posterior nares and pharynx continue in the same condition as last described.

25d. The dry stiff feeling in the fauces and pharynx on waking is still felt, and the hawking and clearing of the throat continues till 10 or 11 o'clock in the morning. A very tenacious, whitish-yellow mucus is brought away by hawking. The pillars of the fauces, the uvula, and the surface of the pharynx, so far as can be seen, are still a little thickened and of a pale, red color, and some mucus is seen in places adherent to the surface of the pharynx,0.

29d. The throat feels dry and stiff, and the hawking continues. It was formerly troublesome in the morning, but it is now troublesome all day. The fauces and soft part of the palate and the pharynx, so far as can be seen, are of a pale-red color, and the vessels are full and the parts just named œdematous. The tongue is rather furry, but of natural color, and the appetite is as good as usual.

R. R.—4d. No unusual taste, appetite good,0.

11d. The throat somewhat red. The color deepest within the fauces, less on the soft palate, and entirely lost on the arch. The parts within the pharynx, so far as can be seen, are redder than natural, but not complained of as being sore on swallowing,0.

12d. The throat a purplish-red and looks as if raw, but no soreness felt on swallowing. The pharynx is still somewhat dry. Disposition to hawk frequently and clear the throat of a tenacious, starchy-looking mucus,0.

13d. There is still a disposition to hawk and clear the throat. The pharynx and pillars of the fauces are red and their structures thickened and angry-looking, but not sore on swallowing,0.

Tongue.

First Proving.

O. R. S.—10d. The tongue large, moist, and fissured,0.

12d. The tongue flabby and fissured,0.

14d. The tongue large, soft, and deeply fissured,0.

43d. The tongue furred, whitish, more on the back part,0.

Z. T. M.—2d, A.M. The tongue slightly coated grayish-white,30.

39d. The tongue slightly coated white, with a rough feeling,15.

40d. Insipid taste and the tongue coated with a grayish-white mucus,15.

Reproving.

O. R. S—4d. A light whitish fur on the tongue,0.

8d. The tongue a deep red, considerably corrugated, and somewhat furred. Had considerable thirst last night,0.

9d. The tongue not so red, still somewhat corrugated, and the papillæ standing up plainly on the posterior part,0.

11d. On waking, the tongue was moderately furred, but no very unpleasant taste in the mouth,0.

14d. On waking, the tongue was somewhat furred back and the papillæ on the posterior part prominent and large and the anterior part fissured. Great thirst, the water tasting natural and refreshing,0.

19d. The tongue cracked, red and uneven, and slightly furred,0.

J. G. T.—4d. The tongue is coated with a thin yellowish-white fur,0.

5d. The tongue about as yesterday,0.

8d. The tongue nearly natural in color and but slightly furred,0.

10d. The tongue is slightly coated, but of rather natural color,0.
12d. The tongue rather cleaner,0.
13d. The tongue about as yesterday,0.
14d. The tongue is rather whitish and downy, with a slightly metallic taste after taking a drink of water,0.
15d. The tongue slightly furred, as it has been for several days,0.
16d. The tongue is still slightly furred,0.
18d. Moderately heavy whitish coat uniformly spread over the tongue on getting up this morning,0.

R. R.—2d. The tongue clean,0.
4d. Thin, whitish fur over the middle of the tongue from tip to base, leaving a small, well-defined space on each side clear and of natural color,0.
7d The tongue a little corrugated and the posterior part of it covered with a whitish-yellow coating, becoming lighter the nearer the tip,0.
8d. The tongue slightly furred, supposed to be influenced to some extent by the use of tobacco,0.
13d. Thin whitish coating over the greater part of the surface of the tongue, the edges and tip being free,0.

Eyes.

First Proving.

J. G. T.—2d. The conjunctiva congested on waking in the morning. The eyes feel sore on pressure,0.
3d. The conjunctiva of a uniform redness. Soreness and aching of the eyes on moving them. They are much congested,0.
4d. The eyes congested,0.
5d. Congested conjunctiva,0.
6d. The eyes very much congested.
7d. The eyes congested. Looking at anything causes them to ache,0.

R. R.—3d. The eyes feel swollen in the morning. The conjunctival vessels congested,0.
4d. The eyes and orbital region much swollen and agglutinated on waking in the morning, and sensitive to light. The conjunctiva slightly congested,0.
5d. The eyes much congested and the whole orbital region very much swollen,0.
8d. The eyes have the same appearance as before noted.
9d. The eyes congested and swollen. Not so much congested in the evening.0.
10d. The eyes but slightly congested,0.

O. R. S.—8d. The eyes feel swollen,0.
11d. The eyes swollen (orbital region),0.
12d. The eyes swollen,0.
14d. The eyes still much swollen,0.
5d. After recommencing the taking of the drug, the eyes swollen and the conjunctiva congested. The external part of the left eye more congested than the right. The eyeballs sore when closing the lids and when pressing the ball. The conjunctiva of the right eye also congested,0.
6d. The eyes swollen. The left one much congested, red and sore;

continual scratching beneath the lids on rolling the ball. The light aggravates the soreness,^{0}.

7^{d} The eyes inflamed and swollen. The left worse than the right,^{0}.

11^{d}. The eyes painfully affected, swollen, red, and watery. The left worse than the right,^{0}. Continual scratching in the left eye, as if sand was under the outer part of the upper lid,^{0}.

J. C. K.—3^{d}. Inner canthi sore and red. Objects lose all distinctness and become blurred. 11.55 A.M., dimness of vision on rising from a seat,^{30}.

21^{d}. The eyes feel tired and painful, especially in the sunlight. The vessels of the conjunctiva somewhat congested, especially on rising this morning. (There are no vessels visible usually in my eyes.),^{0}.

22^{d}. The eyes swollen and painful, sensitive to light, and the conjunctiva congested,^{0}.

23^{d}. The eyes sore. Cannot read or write without pain in them.^{0}.

25^{d}. The eyes have felt tired all day, and painful when reading or writing. The vessels of the conjunctiva congested,^{0}.

38^{d}. On rising the eyes feel sore and the vessels of the conjunctiva slightly congested. On going into the open air tears flowed freely, but this gradually wore off,^{0}.

42^{d}, 9.30 A M. The eyes feel full and sore and slightly congested,^{0}.

43^{d}, 9.30 A.M. The eyes are swollen and painful, and the conjunctiva congested. Worse immediately after rising. 8.50 P.M. The eyes feel better,^{0}.

45^{d}, 7.05 P.M. The eyes have been sore all day, especially when reading. They have been swollen and congested,^{0}.

46^{d}, 9.35 A M. The eyes slightly swollen and congested. Feel sore and water profusely when reading,^{0}.

48^{d}, 12.10 P.M. The eyes feel worse than usual. Have a good deal of photophobia. The eyeballs feel sore and tender. The eyes are quite painful. Pressure on the ball does not produce pain direct, but when the pressure is removed the pain becomes severe. The conjunctiva but slightly congested and the orbital region but moderately swollen. The want of sleep last night has possibly made the eyes feel worse. 8.10 P.M. The eyes somewhat painful when reading or writing,^{0}.

49^{d}, 8.55 A.M. The eyes are unusually painful and sore and greatly congested. Tears are secreted freely. Cannot read or write with any comfort. They are better by 10 o'clock. They are worse just after rising, but improve during the day,^{0}.

50^{d}. The eyes are painful for about two hours after rising, and at times through the day when reading and writing, or when exposed to bright sunlight,^{0}.

51^{d}. The eyes are a little sore this morning, and the conjunctiva is slightly congested and jaundiced,^{0}.

Z. T. M.—2^{d}, A.M. Heaviness of the eyes, especially the right. The lids agglutinated. The pupils somewhat distended. The eyelids burn and feel as if swollen, particularly of the right eye and outer canthus worst. The lower lid of the right eye feels swollen and itchy, as if a stye would make its appearance. The inner canthus itches and feels pasty. Burning of the eyelids,^{30}.

3^{d}. The eyes feel inflamed and swollen, with an accumulation of pasty matter in the canthus and on the lashes,^{30}.

27^{d}. Stiffness of the eyeballs and lids,^{15}.

38d. Woke with the eyes somewhat swollen and agglutinated. The eyeballs seem large when closing the lids over them,15.

39d. The eyes heavy and the balls sore and smarting. The supraorbital region very much swollen and the pupils a little dilated,15.

40d. The orbital region much swollen and the eyes very watery for some time after waking in the morning,15.

41d. 8 A.M. The eyes puffy, dim, and flickering before them when closed,15.

W. J. M.—40d. After two hours reading an aching pain deep in the eyeballs, which was aggravated by opening the eyes widely, and relieved by closing and resting them for a time,15.

41d. Dull aching pain in the eyes aggravated by sunlight,15.

48d. The eyes very painful to pressure, and the pain aggravated by light.

50d. The eyes feel very painful, look swollen and bunged up,0.

M. J. C.—15d. The eyes feel as if smoke were in the room. The edges of the eyelids itch and burn,12.

J. H. B.—4d. The eyes burn and lachrymate slightly. The vessels of the conjunctiva injected and vision indistinct Frequent wiping of the eyes for relief,30.

5d. The eyes still injected,30.

6d. The eye symptoms less in degree.

11d. The eyes painful in the morning and the vessels injected, and concentrated effort necessary for distinct vision,3.

12d. Vision poor for long distances.

15d. The vision remained poor for a considerable time, and was the most lasting symptom,3.

O. R. S.—4d. Slight œdema of the orbital region, more marked in the right than the left. The sclerotica slightly congested,0.

7d. The eyes are sticky and sore. Has not taken the drug for two days,0.

8d. The eyes red, irritable, and the orbital region somewhat swollen,0.

9d. The eyes feel as if he had lost his sleep. The conjunctival vessels moderately congested,0.

12d. The eyes feel puffy. The palpebral lining membrane thickened and quite red, and as the eyes are rolled from side to side or up and down, the lining membrane gathers in rolls between the balls and lids, the left eye appearing the worst,0.

14d. The eyes more puffy and congested, and the balls sore to touch or if pressed upon. At 1 P.M. noticed the pupil of the left eye to be much larger than that of the other (from two to three diameters), there seeming to be but little difference between the eyes in the prover to discern objects, but on noticing closely an object looked at has a misty appearance to both eyes. The distension of the pupil passed off while walking, and did not return for the day,0.

15d. The orbital region is not so much swollen as yesterday, and the eyes were slightly agglutinated on waking,0.

16d. Dull aching across the orbits,0.

17d. At 5 P.M. noticed that the pupil of the left eye was very much enlarged, which to some extent is the case now (11.30 P M.),0.

18d. The eyes feel sticky, and a little gum is seen in the external canthus. The orbital region is somewhat swollen, and the vessels of the conjunctiva are turgid,0.

19d. The eyes feel rather sorer and the light pains them. Some dilatation of the pupil of the left eye,0.

20d. The vessels on the inner surface of the lid quite full, and the vessels of the globe less turgid. The soreness nearly gone,0.

22d. The eyes slightly congested, but not swollen or sore,0.

24d. The eyes a little red, but not swollen, and the sight much clearer.

36d. The eyes a little red and watery, but feel almost well. Reading by lamp or gaslight cannot be endured, however, for any considerable time without giving discomfort.

Reproving.

J. G. T.—4d. The eyes are a little irritable, and the vessels of the conjunctiva are fuller than usual, and the white portion of the eye has a perceptibly yellowish tinge. Slight œdema of the orbital region, worse on the right side,0.

5d. The eyes feel sorer, the vessels are fuller, and they burn as if they had been all day irritated by wood smoke,0.

6d. The eyes smart as if they had been smoked. Some œdema of the orbital region,0.

7d. Œdema of the infraorbital region. The conjunctival vessels congested. The eyes smart and there is moderate lachrymation on going into the open air. It is difficult keeping the eyelids from closing,0.

8d. The eyes feel heavy and the aching through the brow and orbits continues. The eyeballs feel sore on moving or rolling them, and the smarting of the eyes continues,0.

9d. Took but one dose of the medicine to-day. The eyes present the same condition and appearance as yesterday, only that the aching in the supraorbital region is rather worse and extends farther up the forehead, and is most intense immediately above the orbits. The eyelids are disposed to close down, and there is an inability to open the eyes as wide as usual. The eye symptoms are worse in the open air,0.

10d. The eyes feel about the same. The palpebral vessels are more congested, and the conjunctiva on the inner surface of the lids and on the balls is disposed to gather into folds as the eyes are rolled back and forth,0.

12d. The eyes smart and are red and look quite sore, and lachrymate on going into the open air,0.

13d. The eyes are looking better. The vessels are not so full and the sclerotica not so œdematous,0.

14d. The orbital region very much swollen on waking, and the eyes red, with a yellowish tinge of the white portion. They smart and feel disagreeable when exposed to the open air, and on looking long at an object the sight becomes dim and the eyes ache for a time and require resting,0.

15d. The orbital region swollen on waking in the morning, and the eyes feel weak and lachrymate on looking steadily at an object. The vessels of the ball and inner side of the lids are full, causing a feeling on moving the ball as of something granular between them,0.

16d. The orbital region swollen, and the vessels of the conjunctiva congested,0.

17d. The condition of the eyes the same as yesterday,0.

18d. The orbital region swollen on waking, but the swelling passed off in about an hour after rising from the bed, leaving a slightly puffy appearance,0.

20d. The eyes smart and lachrymate very much in the open air, and are congested. The inner surface of the lower lid is distinctly granular in appearance.

21d. The condition of the eyes the same as before stated.

23d. The eyes sore and swollen in the morning on waking, the swelling passing off in an hour or so after rising.

24d. Severe pain in the supraorbital region and temples on waking. Severe till 4 or 5 P M., then passing into the orbit posterior to and in the ball of the eye, with considerable photophobia. The pain much severer in the orbits than any other place, compelling him to lie down. Never had this kind of pain before, except when taking this drug on a former occasion. The whole orbital region very much swollen, and the vessels of the ball and lids both largely congested. The severe pain began to diminish about 7 P.M., and by bedtime had almost passed away, leaving a dull supraorbital pain,0.

25d. The eyeballs remain sore on pressure all day, and also on looking steadily at an object they ache,0.

29d. The eyes are sore, and smart and lachrymate on going into the open air, and the orbital region is some swollen in the mornings. The vessels of the ball and lids perceptibly congested, and the sight very much weakened from the condition of health,0.

R. R.—7d. Slight swelling of the orbital region and moderate congestion of the vessels of the white portion of the eyes, but no disagreeable sensation in the eyes.

8d. The eyelids swollen, more noticeable in the lower lids. Slight photophobia. Lachrymation in the open air, worse in the morning.

10d. The orbital region swollen and the eyes congested, especially so in the morning. The open air affects them and causes slight lachrymation,0.

11d. On waking this morning the whole orbital region swollen and the vessels of the eyes congested. The orbital swelling passed off gradually through the day,0.

12d. A little whitish gum was seen in the external canthus this morning. The eyes felt disagreeable and were caused to lachrymate on going into the open air,0.

13d The symptoms of the eyes the same as yesterday,0.

24d. The eyes are slightly gummed in the mornings, and there is a feeling as of thickening of the structures within the lids, the right eye feeling the worst. They smart and feel badly on reading for a time; the vessels are still somewhat congested.

Face.

First Proving.

J. G. T.—3d. The face flushed and hot,0.

5d. The face feels puffed up and hot. Heavy aching pain in the ethmoid bone,0.

7d. The malar bones feel large, as if swollen. The muscles of mastication feel stiff and motion of the jaw is painful,0.

R. R.—3d. A fine red rash on the face and neck, most on the right side,0.

4d. The face feels hot, with a dull feeling in the forehead,0.

9d. The face not so much congested.

O. R. S.—8d. The face a little flushed. Took none of the drug for twenty days, and on the seventh day after recommencing it the face is again flushed,0.

J. C. K.—23d. The face and neck are covered with a fine miliary eruption, with here and there a pustule or large reddish pimple,0.

Z. T. M.—2d, A.M. An ulcerating sore existing for several days before taking the drug near the right mental foramen is quite painful,30.

J. S. C.—9d. Pain over the right eye,30.

Reproving.

J. G. T.—4d. Some reddish irregularly shaped spots over the nose are becoming irritable and tender. This appearance of the nose had not passed away from the time of the taking of the drug before, twenty-two days since.

5d. The right side of the nose and over the bridge a little red. The large pimple on the side of the nose not so sore and a little indurated,0.

7d. A bright-red rash, blotchy and irregular in shape, without any prominence, appeared about 10 A M. over the forehead, and in an hour extended over the balance of the face,0.

R. R.—12d. On waking this A.M. the entire face swollen. The orbital region more swollen than any other part of the face,0.

24d. The bloating of the face seen while taking the drug is gone,0.

Abdomen.

First Proving.

J. G. T.—3d. Through the morning had occasional pains through the umbilical region, with frequent passages of flatulence,0.

4d. Occasional pains through the bowels, with discharges of flatulence,0.

7d. Occasional pains through the abdomen,0.

R. R.—3d. Dull pain in the umbilical and hypogastric regions, with frequent discharges of flatulence,0.

8d. Dull pains in the hypogastric and umbilical regions, with discharges of much flatus,0.

O. R. S.—8d. Pains in the abdomen, with urging to stool,0.

12d. Pains through the bowels,0.

14d. The pain in the abdomen seems to be caused by gas, as much of it is passed at stool. Was waked at 3 A.M. by sharp cutting pains in the abdomen, relieved by passing off flatus,0.

15d. Slight pains in the abdomen; made him sick. Nausea, pain, and urging to stool,0.

3d. After commencing to take the drug again in large doses slight pain in the bowels,0.

J. C. K.—2d. Uncomfortable feeling in the abdomen,30.

3d. The abdomen painful and swollen; the passage of gas afforded some relief, but straining, pressure or walking, produced sharp pain,30.

4d, 12.05 M. Severe pain under the ensiform cartilage. 4.40 P.M. Dull pain and overdistension in the umbilical and hypogastric regions,30.

5d, 11.20 A.M. Painful feeling of distension of the abdomen from gas, which passed off,30.

11d, 5.10 P.M. Severe pain in the bowels, which are very much distended. Relieved by small stool and the passing of a large quantity of gas and some urine,15.

22d. Some rumbling and pain in the abdomen,0.

40d, 11.55 A.M. Pain in the hypogastric and umbilical regions from overdistension, produced by great accumulation of gas, a quantity of which was discharged an hour since,0.

42d, 9 P.M. Some pain in the umbilical region from distension with gas,0.

45d, 11.45 P.M. Have a gnawing pain in the lower part of the rectum, as if worms were boring in it.

Z T. M.—2d, A.M. Rumbling in the bowels as if diarrhœa would come on ; occasional pain in the hypogastric region,30.

3d. Slight colicky pain in the abdomen,30.

39d, P.M. Pain in the lower part of the abdomen, as if from a colic coming on. Shooting pain from the short ribs down across the left hypochondriac region,15.

40d. Sharp shooting pain in the left hypochondriac region just before stool. The stool is natural, but twice in the day, which is unusual,15.

W. J. M.—2d, P.M. Slight colic and burning in the abdomen, relieved by a loose stool,30.

7d, 10 A.M. Pinching-burning pains in the abdomen,30.

12d. Feel sore about the back and abdomen ; dull pain in the bowels,15.

13d. A little soreness and some pinching in the abdomen,15.

40d, 4 P.M. Dull pain in the bowels, relieved by a stool of a diarrhœic character,15.

41d. A dull pain this A.M. in the umbilical region, which disappeared after a free discharge of gas,15.

51d. Occasional griping pains in the abdomen,0.

J. S. C.—4d, 10.30 P M. Some cramplike pains in the abdomen,30.

5d. Was wakened at 6 A.M. by pain in the abdomen, followed by a copious lumpy stool, which came suddenly,30.

26d. Dull pain across the upper part of the abdomen in the region of the transverse colon, caused by flatus,30.

M. J. C.—2d, 1.30 A.M. Wakened with cutting pain in the hypogastric region, soon followed by a large stool,30.

3d. Occasional stitches in the spleen,30.

Reproving.

O. R. S.—11d. Crampy pains of short duration through the small intestines several times through the day. Moderate pain through the bowels previous to each stool and entirely relieved by the evacuation,0.

12d. Tender on pressure, in the epigastrium and through the abdomen,0.

19d. Feeling of repletion. The bowels feel full and compel the opening of the pants and drawers for relief. Had a fine shooting pain from the left groin up across the navel to the cartilages of the ribs on the right side, lasting about a half minute and occurring but once. Slight pain through the abdomen, passing off by the escape of flatus,0.

20d. Slight fulness in the abdomen and a little tenderness in the epigastrium. Pressure suddenly made over the abdomen has for some time past caused pain to start through the abdomen and continue till gas is passed off from the bowels,0.

22d. Deep pressure still starts some pain through the abdomen. Slight tenderness on pressure in the epigastric region,0.

24d. Slight tenderness still, on deep pressure, in the epigastric and

umbilical regions. Pressure over the abdomen still starts the gas, but not the rumbling or pain noticed some time before,⁰.

J. G. T.—8d. Tenderness in the entire epigastric region most marked immediately below the ensiform,⁰.

9d. Tenderness in the epigastric region the same as yesterday. Borborygmus in the left side of the abdomen, between the cartilages of the ribs and the anterior part of the crest of the ilium, felt frequently and accompanied by sharp pain,⁰.

12d. Tender on pressure, in the epigastric region for some days past,⁰.

18d. Considerable pain through the abdomen during most of the morning, accompanied by relaxation of the bowels. The returns of pain in the abdomen farther apart and less severe each time till 1 P.M.,⁰.

25d. Quite tender, on pressure, in the epigastric region in the morning; less to this P.M., but still distinctly felt on pressing the part,⁰.

R. R.—4d. Quite a tender feeling in the epigastric region felt all the time, but worse on pressing over the part,⁰.

6d. Feel quite well, but soreness on pressing over the epigastrium, extending to the upper part of the ensiform,⁰.

7d. Tender to the touch in the epigastric region,⁰.

8d. Tender to the touch in the epigastric region,⁰.

11d. Moderately tender in the epigastric region on pressure,⁰.

13d. Dull shifting pains through the abdomen felt at times through the day, commencing on getting out of bed in the morning,⁰.

Stomach.

First Proving.

J. G. T.—2d, 5 P.M. Feeling of nausea; vomited a large quantity of sour water. As long as he laid quiet he felt better. The odor of food was pleasant to him, but on attempting to eat the first bite caused vomiting of very sour fluid,⁰.

R. R.—Appetite and digestion good; no unusual thirst,⁰.

9d. Could eat but little breakfast.⁰.

14d. Since the medicine was left off some days since, the appetite is not so good and some tenderness is felt in the epigastric region,⁰.

O. R. S.—12d. The appetite is poor,⁰.

15d. Empty retching; felt very sick; could eat no breakfast; had some appetite for supper,⁰.

7d. After recommencing the taking of the drug, feel badly. Have a qualmish, sickish feeling all the time. The appetite is good, however,⁰.

J. C. K.—2d. Tight feeling in the stomach,[30].

9d, 9.45 A.M. Uncomfortable feeling of fulness and pain in the stomach,[15].

21d. Can feel the stomach; the appetite is decreasing; qualmishness, alternating with pain, in the stomach and bowels,⁰.

22d. The stomach feels qualmish, am thirsty, and have a poor appetite. Felt sick after eating dinner as after eating breakfast, with qualmishness of stomach. Went and took a glass of water from a soda fountain without the syrup and was relieved immediately,⁰.

23d. Ate nothing for breakfast except a few peaches, and the stomach causes no inconvenience,⁰.

26d. Ate no breakfast, and at 11.30 A.M. had a darting, sticking pain in the great cul-de-sac, lasting till dinner (12.30 M.),9.

41d. Appetite very good,0.

42d, 1.40 P.M. Sick at the stomach without nausea. 9.45 P.M. the sickness of stomach continues. The nausea is not sufficient to cause vomiting.

43d, 8.50 P.M. Thirsty all day. Wanted water often, but little at a time. The stomach feels better,0.

45d, 7.05 P.M. Am losing my appetite; have eaten but little for four days past. Have eaten less each day. Can feel my stomach all the time, especially after eating. It is a sickening feeling, but is not nausea. I have not the usual relish for tobacco,0.

46d, 9.35 A.M. The stomach gives me an immense amount of unpleasantness. I feel it all the time. I am very thirsty; have a bitter taste in the mouth, and a slightly yellowish coating on the tongue; am very thirsty, and somewhat hungry, but feel worse after eating or drinking,0.

47d. Felt perfectly well till after I ate my breakfast, when the pain in my stomach returned as before. After eating dinner I felt quite sick at stomach as before; took a glass of soda-water without the syrup, and was relieved immediately. (The water contains carbonic acid, generated by adding sulphuric acid to bicarbonate of soda.) 8.05 P.M. The stomach symptoms have not returned since drinking the soda-water,0.

53d. The appetite has improved rapidly the past few days, with a tendency to eat more than is proper,0.

58d. During the last few days my appetite has improved wonderfully. Eat too much almost every day; cannot help it. I still seem to digest all that is eaten,0.

Z. T. M.—26d. Appetite good,15.

39d. Suppered principally on fruit. During the night some nausea, followed by chills on the back,15.

40d. No appetite for anything but juicy food or fruits,15.

41d, 8 A.M. Slight nausea at the stomach all the time,15.

W. J. M.—2d. Nausea, almost resulting in emesis, after taking a drink of cold water,30.

11d. The epigastric region sore on pressure,15.

12d. The appetite greatly increased and digestion good,15.

13d. No appetite for breakfast, but ate some, which became acid in the stomach, producing very disagreeable eructations. I am not subject to turns of acidity of stomach. Do not recollect of ever having such a turn before,15.

41d. Hungry at 11 A.M.,15.

49d. Went to bed again sick at the stomach. Have no desire for food,0.

50d. Entire loss of appetite; thirst; became very sick, and felt like vomiting, but did not. The nausea passed off with a flash of heat and a feeling of moisture on the skin, which before was very dry. Have eaten nothing for sixteen hours. At noon had no appetite, but took some food and a cup of coffee, which seemed to relieve my head for a time. Had a desire for pickles at supper, which I rarely eat. It gave me a relish for bread and butter, of which I ate freely, and by 8 P.M. felt much better,0.

51d. Ate a moderate dinner, which seemed to lay heavily on the stomach,0.

M. J. C.—2d, 1.30 A.M. Cramp in the stomach and chest. Nausea, but no vomiting,[30].

6d, 7.30 A.M. Slight cramp in the stomach and nausea all the forenoon,[30].

7d, 9 A.M. Nausea soon after taking the medicine, lasting all day; would like to vomit, but cannot,[12].

J. H. B.—12d. The stomach is sour, the food does not digest,[3].

15d. The digestive powers remain weakened,[3].

Reproving.

O. R. S.—11d. The appetite is not good; could eat, but had no relish for the food,[0].

12d. Had an appetite for breakfast.

14d. No appetite for either breakfast or dinner, but ate some supper. Had a sickish feeling, aggravated by eating ever so little, causing him almost to vomit; a tasteless fluid rising in the mouth as before vomiting. The feeling was removed by rising from a recumbent posture, or by getting up from a seat,[0].

15d. No appetite. Tender in the epigastrium on pressure. The same sickish feeling as yesterday; no appetite for breakfast or dinner, but felt hungry for supper,[0].

20d. The appetite is good,[0].

24d. The appetite is good, but a feeling of fulness in the stomach and bowels after moderate eating,[0].

36d. The appetite is good,[0].

J. G. T.—3d. About ten minutes after taking the medicine a feeling of distress, commencing in the epigastrium, and in a few minutes extending through the entire abdomen. The pain was not severe enough to prevent sleep, but was felt on stirring about the room,[0].

11d. A feeling in the epigastric region as if some irritating or burning substance had been taken into the stomach,[0].

12d. The appetite as usual,[0].

15d. The appetite about as usual,[0].

16d. The appetite as good as usual,[0].

29d. The appetite as good as usual, but he has lost five pounds in weight (his usual weight is one hundred and thirty-eight pounds).,[0]

R. R —The apetite has increased,[0].

7d. The appetite is good,[0].

8d. The appetite is good,[0].

24d. The appetite is not nearly so good as when taking the drug,[0].

28d. The stomach is disposed to ache every time cold water is taken,[0].

Stool.

First Proving.

R. R.—All bowel symptoms worse during the day. Frequent stools of a muco-purulent character, with much flatulence and tenesmus during the stool. The stools are preceded by dull pain in the umbilical region,[0].

O. R. S.—3d. Slight pain through the bowels, with some urging to stool. Have had three soft, dark-colored stools, followed by slight burning at the anus,[0].

8d. Had three thin, dark-colored stools. The burning at the anus more marked than before. The passages are preceded by pain, with relief after,0.

8d. The same symptoms as yesterday,0.

12d. The stools are lumpy,0.

13d. One stool, almost black,0.

14d. Pain and irresistible desire for stool, the discharge being large and soft; afterward one small, thin, dark, and slimy stool,0.

15d. Stool dark, large, and lumpy. One hour afterward felt weak and nervous, the hands trembled, then a scanty stool, with burning after it,0.

7d. After recommencing the taking of the drug little or no pain in the bowels, some flatulence, but the discharges regular and natural,0.

J. C. K.—2d, 2 15 P.M. Small, firm stool and much gas. 3.30 P.M. Small, firm stool,30.

3d, 12.20 M. Large, firm stool, and a large amount of gas, with much relief to the abdomen. 9.40 P.M. Small, firm stool,30.

4d, 5.10 P.M. Small, firm stool,30.

9d, 10.50 A.M. Small stool and much gas, relieving the pain and feeling in the abdomen. 11.55 P.M. Small, firm stool,15.

22d. Desire to evacuate the bowels, with inability to do so by straining,0.

Z. T. M.—2d. Colicky pains preceding natural stool. The pain relieved by passing off flatus. Tearing pain at the anus on passing fæces,30.

5d. An excoriated condition of the anus, very painful at stool,30.

36d. The bowels moved twice per day, the discharges being natural (once per day being the usual habit).

40d, 11 A.M. Copious papescent stool,15.

W. J. M.—7d, 10 A.M. Desire for stool, which is unusual with me, as I always evacuate the bowels before retiring for the night. The stool is of a laxative character, with some griping and burning at the anus, but without flatulence. The bowels were relieved by the evacuation,30

11d. Discharge of an unusual amount of offensive flatus,15.

14d. The stools have been mushlike, and readily voided,15.

40d, 10.30 P.M. Had a painless diarrhœic discharge from the bowels,15.

49d, 10.20 A.M. A diarrhœic stool, with considerable tenesmus; the stool very thin and expelled with force. The evacuation relieved a pain felt in the bowels,0.

50d, 4 P.M. A diarrhœic stool, with a great deal of flatus and slight tenesmus,0.

J. S. C.—5d, 6 A.M. Was awakened by pain in the abdomen, and soon after had a copious lumpy stool, which came on so suddenly as to hurry me out of bed. At 8, and also at 11 A.M., had loose lumpy stools, with some wind,30.

M. J. C.—2d, 1.30 A.M. Large stool, preceded by cutting pain in the hypogastric region. In about ten minutes another stool, also preceded by cutting pain. 8 A.M. A yellowish watery stool. Was disposed to be constipated when I began to take the medicine. That condition has been corrected,30.

J. H. B.—9d. Slight burning in the region of the anus, with constant feeling of a necessity to go to stool without passing anything, the feeling lasting all the evening,30.

10d. No stool yesterday, but a soft stool this A.M., followed with slight burning at the anus,30.
11d. The symptoms the same, but less in degree,30.

O. R. S.—4d. One light, painless stool at 7.30 A.M.,o.
9d, 8 A.M. Loose motion from the bowels,o.
10d. Two discharges from the bowels. The first part of each natural, the latter part laxative and pungent. Had a disposition to go to stool at two other times, which passed away when flatus was allowed to escape from the bowels. The escape of gas has nearly always been preceded by more or less pain through the small intestines,o.
11d. The bowels moved at 7.30 P.M., and again at 6 P.M. The first part of the morning stool was consistent, but the latter part quite soft. The evening stool was thin and lumpy,o.
12d, 6 A.M. Had a large liquid stool, preceded by pain, and a little pungent.o.
14d. The bowels moved once, with slight pain through the abdomen previous to the discharge. The stool was small, pasty, and light brown, with a slight burning in the bowel after stool. Had occasion frequently to go to stool, when the passing off of gas or urine relieved the sensation, and no stool came,o.
15d. The bowels moved at 8 A.M., the stool pasty, dark, and small. Stool again at 10 A.M. of the same character, but small also,o.
16d. The bowels moved once. The stool small, pasty, and dark,o.
17d. After breakfast the bowels were moved once. The stool was of moderate size, yellowish, and sticky,o.
19d. The bowels were moved once, and the stool the same as yesterday,o.
21d. The bowels moved at 9 A.M. The stool scant, and the same in appearance as the day before yesterday,o.
22d. The bowels were moved this A.M. The stool was almost natural,o.
23d. One natural stool,o.
24d. The bowels were naturally moved this morning,o.
36d. The bowels regular,o.

Reproving.

J. G. T.—5d. No movement of the bowels since yesterday morning (now 8.45 P.M.),o.
6d. No stool and no gas passed off,o.
7d, 10 A.M. Stool perfectly natural,o.
8d. The bowels were not moved,o.
9d. The bowels were moved twice. The stools were natural,o.
11d. The bowels rather looser than usual. Two stools between 6 and 8.30 this A.M.,o.
12d. The bowels were not moved in the past twenty-four hours,o.
13d. The bowels were not moved,o.
15d. The bowels moved once, the discharge being natural in color and consistence,o.
16d. The bowels not moved,o.
17d. One small discharge from the bowels of natural color and consistence,o.
18d. The bowels moved three times between 5.30 and 7.30 A.M., the discharges moderately dark and accompanied with considerable flatulence,o.
19d. No pain in the bowels to-day, nor have they been moved,o.
21d. The bowels not moved,o.

22d. The bowels were moved three times before 9 A.M. The stools were small and laxative, but of natural color,°.
24d. The bowels were not moved,°.
25d. The bowels not moved,°.
29d. The bowels are moved about every alternate day. The motions are small but of natural color and consistence,°.

R. R.—4d. Has had one natural stool to-day,°.
7d. One natural motion of the bowels,°.
8d. The bowels are right,°.
10d. Natural stool in the morning at the usual time,°.
13d. One copious, brownish, painless, laxative stool at 9 A.M., accompanied with a great deal of flatulence,°.
24d. The bowels are regular,°.

Genito-urinary Organs.

First Proving.

R. R.—6d, P.M. More disposed to urinate than was his habit,°.

J. C. K.—2d. The urine a light yellow, cloudy, and a precipitate seen after standing two hours; reaction acid; sp. gr. 10.29. Heat precipitates a dense white granular substance which dissolves when mixed with or when nitric acid is used, leaving the urine clear and of a reddish-brown color. A few epithelial scales, a cast, some fat-globules, and some phosphates seen under the microscope. 9.40 P.M. The urine opaque, but of natural and strong odor, acid reaction, and sp. gr. 10.30. No albumen, but large quantity of phosphates,[30].
4d, 5.10 P.M. The urine a dark straw color, of mild odor, reaction acid, sp. gr. 10.30, phosphates in abundance,[30].
21d, 7.50 P.M. The urine has an acid reaction and sp. gr. 10.29; deposits of phosphates on standing,[15].
22d. Have a dull dragging pain in the perinæum and lower part of scrotum,°.
40d. Have been urinating much more freely and copiously since taking the remedy,°.
41d. Am not urinating more than the natural quantity to-day.

Z. T. M.—2d. Compelled to get up to urinate; the quantity in excess of what is usual, but of natural color,[30].
3d. Roused from sleep with an urgent desire to urinate. Pain in the region of the right kidney, worse on walking,[30].
26d. The urine is of a little darker color than usual,[15].
36d. The urine is a little darker than usual, and passed in greater quantities and with urgent desire to pass it,[15].
39d. Burning when the urine begins to flow,[15].

W. J. M —10d. Had an emission during sleep last night,[30].
12d. Feeling sore in the region of the bladder, relieved by urinating,[30].
13d. Got up at 6.30 A.M. and passed more than the ordinary quantity of urine, but was cool last night,[30].

J. S. C.—8d. Had to rise twice through the night to urinate, passing a large quantity of pale urine,[30].

M. J. C.—13d. Dull aching in the region of the kidneys, with profuse flow of natural-colored urine and of natural reaction,[12].

O. R. S.—4d. The urine to all appearance natural in quality and quantity,°.

12d. Slight tenderness in the renal region; urinated but twice in the past twenty-four hours,°.

Reproving.

J. G. T.—4d. Frequent copious discharges of clear watery-looking urine without any disagreeable feeling,°.

5d. Less urine passed, but still more than a normal quantity, and still clear,°.

6d. Urine normal in quantity and appearance,°.

15d. The urine clear as water and in natural quantity,°.

18d, 2 P.M. A dull cutting pain, lasting about five minutes at a time, and coming about once in each half hour, was felt along and about the length of Poupart's ligament, occurring on both sides at the same time. After the subsidence of each pain, a sickening sensation in the left testicle as if caused by a blow, and lasting about ten minutes. During the time this sensation lasted the testicle was extremely sensitive to the touch, even of the clothing, but this sensitiveness passed away each time the pain subsided (had the same symptoms on taking the drug the first time),°.

19d. Was wakened three times by the pain above described during the night. It did not come so often as during the day, but was just as severe and lasted as long. This pain has continued at intervals of about an hour, and of the same degree of severity as yesterday, till 4 o'clock this P.M.,°.

20d. The urine is natural as far as can be observed,°.

21d. Pain as before described along Poupart's ligament, but less severe. The pain felt in the left testicle but once, and not severe,°.

24d. The urinary secretion is as usual in health,°.

R. R.—13d. Has had quite an increased flow of urine through the day. Feels no oppression of the chest since the urinary secretion has become free,°.

24d. The urine is natural.

Chest.

First Proving.

J. G. T.—3d. Feeling of fulness and oppression in the chest,°.

4d. The lungs feel oppressed as if by a heavy weight,°.

5d. Heavy oppressed feeling in the chest, requiring an effort to draw a long full breath,°.

6d. Feeling of oppression in the chest, with slight dry cough,°.

7d. The lungs feel as if filled with smoke. Dry cough,°.

8d. Feeling of oppression upon the chest; the cough is looser, but there is no expectoration,°.

9d. The cough is loose, and there is no expectoration; feeling of oppression in the chest,°.

R. R.—8d. Dry cough, with a feeling of tightness and oppression in the middle and upper third of the chest,°.

9d. The dry cough as above continues. P.M. Dry cough and a feeling of oppression in the centre of the chest,°.

10d. The same as yesterday,°.

11d. A feeling in the chest as if smoke had been inhaled, causing a cough,°.

14d. The distress in the chest relieved somewhat by taking Pulsatilla in repeated doses,°.

Z. T. M.—2d, A.M. Some soreness of the chest; spasmodic cough, expectorating a grayish phlegm in little lumps. Respirations 16. Pain over the region of the lower ribs; they feel sore on pressure,30.

3d. Respirations 16. Soreness under the right mammæ on pressure,3°.

5d, P.M Pleuritic pain in the right side over the liver,3°.

7d, 9 A.M. Oppressive shortness of breath; compelled to take long breaths frequently, with occasional pains in the right side of the chest,30.

27d. Considerable pain in the chest between the nipples, with an indescribably hollow feeling there, accompanied by a choking sensation in the throat, materially aggravated by inhaling carburetted hydrogen gas. Shooting pain under the right mammæ,15.

36d. Respirations 20 per minute. Sore bruised feeling under and to the left of the sternum, at the junction of the upper and middle third of the bone, felt on throwing the shoulders up and back. This pain at times extends back to the inferior angle of the scapula and to the shoulder-joint, where there has been for five days a weary aching on raising the arm. The intercostals of the left side, between the sixth, seventh, and eighth ribs, are sore to the touch,15.

37d, 9.30 P M. Sharp shooting pain between the sixth and seventh ribs, at about the junction of the ribs with the cartilages, lasting but a few seconds, recurring again after an interval of half an hour,15.

38d, A.M. The above-named region sore to pressure; shooting pains over the liver frequent, but not severe,15.

W. J. M.—11d. For two evenings a roughness in the larynx, causing a disposition to hem, with a spasmodic dry cough,30.

12d. A constricted sensation about the chest, and feels at times like taking a deep breath, but has no cough,15.

13d. Slight cough, with grayish or bluish-black expectoration,15.

14d. Some cough and expectoration, of a slate color. The matter expectorated is tough and hard to disengage from the larynx, requiring forcible hemming and hawking,15.

43d, P M. After supper a dry hacking cough,6.

O. R. S.—10d. The respiratory sounds are not clear. Last night and to-day a disposition to hack and cough, with a little irritation in the throat,°.

11d. A hacking cough without expectoration; most persistent in the forenoon,°.

12d. Several times to-day sharp stitching pains, moderately severe, in both sides of the chest, in the space between the fourth and seventh ribs. Continual irritation behind the sternum, about the lower part of the upper third. The respiratory sounds in the upper half of the chest are heard moderately clear, but those of the lower half are quite dull. There is, however, the usual resonance on percussion all over the chest. Moderate percussion over all the anterior portion of the chest produces pain,°.

14d. Dry cough, causing him to gag, continuing all day, but worse during the forenoon,°.

15d. The same disposition to cough and gag, but not to the same degree as yesterday,°.

16d. Cough as yesterday,°.

17d. Dry cough,°.

18d Cough worse in the forenoon,°.

19d. The cough dry, and a feeling of dryness down the trachea and into

the bronchia. The chest is still sore on the right side on percussion. There has been one turn of the stitching pain through the right side of the chest, about the fifth rib, near the cartilage, reaching back to the scapula, and lasting but for a minute,°. (Medicine done.)

20d Cough as yesterday,°.

22d. Commenced coughing on waking. The cough is worse in the heat of the room. There is now no pain or soreness in the chest. The respiratory sounds are becoming natural. There has been no cough at night during the proving.

23d. The cough is dry, but not so continuous.

36d. The cough is a little loose, but otherwise about as for the past four weeks. Once or twice per day a little starchy-looking substance is dislodged from a spot about under the fourth rib, a little to the right of the sternum, at which point there is a little soreness on pressure. Can take a full breath without feeling pain.

Reproving.

J. G. T.—5d. Has had to-day a quickly passing pain in the anterior part of the chest, below the seventh rib, about two inches from the sternum on each side, but not on both sides at the same time. Felt three times on the left side and twice on the right,°.

6d. The pain in the chest of yesterday has been felt quite frequently (at least twenty times in the past twenty-four hours), but has not been felt at night while asleep,°.

7d. The pains in the chest are not so sharp and do not come so frequently. A feeling of oppression and soreness on inspiration remains in the localities where the pains have been felt,°.

8d. The sharp pains felt before through the chest have not been felt today; but a feeling of soreness and oppression is felt in their place during motion or exertion. Taking a full inspiration increases the soreness,°.

9d. The symptoms of the chest are the same as yesterday, with the exception of frequent sighing respiration. He also yawns frequently,°.

10d. The soreness in the chest is still felt on taking a full inspiration. The respiratory sounds are not clear,°.

11d. During the morning he has had a more or less constant feeling of irritation through the bronchial region, accompanied by a slight, dry cough. Tenderness felt on pressure in the supraclavicular region, continuing all day,°.

12d. During the early part of to-day the pain and soreness in the right side of the chest continued (was felt yesterday, but not stated). Since the middle of the afternoon it is not so great. There is soreness on inspiration; and on making a full, deep inspiration, severe pain is felt at times cutting short the inspiration. The cough is about the same as yesterday. The respiratory sounds are clear, except in the lower lobe of the right lung,°.

13d. The lungs are free from pain and soreness. Can take a full inspiration without inconvenience,°.

14d. Coughs moderately, but does not expectorate any. At noon there was no tenderness felt in the chest, but between 2 and 3 P.M. there was a feeling of fulness and oppression through the entire chest accompanied by a sense of soreness, worse on inspiration, and continuing through the balance of the day and evening, with a short, dry cough, which seems to arise from some irritation behind the upper half of the sternum,°.

15d. The chest feels sorer than yesterday, and he has coughed more but has not expectorated any as yet. He has several times through the day

had sharp stitching pains of momentary duration in the left side of the chest, immediately below the nipple. The respiratory sounds are very indistinct, except at the upper part of the lungs,°.

16d. The respiratory organs are in about the same condition as yesterday, with a short, dry, hacking cough,°.

17d. The cough is still dry. There is no expectoration. The cough is more severe than at any previous time. The entire chest feels sore on taking an inspiration of any depth whatever. The lungs feel clogged and full. There has been pain all the afternoon on the right side of the chest, between the sixth and seventh ribs, near their connection with the cartilages. The respiratory sounds are indistinct in the lower lobes of the lungs on both sides of the chest,°.

18d. The cough is the same as when last noted. Moderately severe pain on the left side of the chest; severest between the third and fourth ribs, near their connection with the cartilages. The pain is continuous, with every few minutes a severe stitch. Otherwise the respiratory organs are about as yesterday. The cough is about as when last noted,°.

20d. The cough was a little loose for the first time while up during part of the night, but has been a great deal more severe and paroxysmal, lasting longer at a time, and again tight during the day. He has felt sore through the entire chest all day, and has had frequent recurrences of the pain in the left side of the chest before noted,°.

21d. Soreness of the lungs as for some days past. Pain on the left side of the chest, at the junction of the ribs and cartilages,°.

23d. The lungs are still sore, and the pain continues on the left side of the chest as before,°.

24d. The same soreness felt through the chest as recorded above,°.

25d. Has some turns of the same dry cough before noted,°.

29d. The cough is now only noticed after walking or making some exertion requiring an increase of the volume of respiration. There is still a stuffed sensation through the chest, but no pain; merely the soreness on taking a full inspiration. The cough is dry,°.

R. R.—4d. Coughed a little to-day and the voice is a little husky. An oppressed or stuffed sensation is felt from the larynx to the bottom of the sternum all day. He has had pain for the greater part of the day through the anterior part of the upper lobes of the left lung, but no soreness on pressing the walls of the chest over the seat of pain. He can take a full inspiration, but the air causes a disagreeable feeling behind the sternum. Deep inspirations are followed by a cough,°.

7d. The breathing is clear,°.

11d. A stuffed sensation through the chest generally, and more markedly felt behind the sternum, and from the larynx to the epigastrium. More or less continuous dry, hacking cough; worse in the heat of the room; came on about 4 P.M. The stuffed sensation was felt all day. The voice is somewhat husky,°.

12d. Dry, hacking cough, all day; but the chest feels more free,°.

13d. The cough has been less troublesome. The voice a little husky,°.

29d. The chest is free from oppression and the breathing is natural,°.

Heart.

First Proving.

J. G. T.—2d. Pulse 98.°.

R. R.—Pulse 90,°.

O. R. S.—10d. Pulse 76,°.
11d. Pulse 80 and intermittent (which is not unusual with him),°.
14d. Pulse 88,°.
15d. Pulse 90,°.
7d. After recommencing to take the drug the pulse was natural,°.

J. C. K.—2d. Pulse 72 and full,30.
21d. 7.50 P.M. Pulse 90,°.
22d Pulse 84,°.
26d. P.M (2 30). Pulse full and 90,°.
41d. Pulse 85, full and regular,°.
43d. 9.30 A.M. Pulse 84, full and regular,°.
46d. 9.35 A.M. Pulse 86.

Z. T. M.—2d. Pulse 80,30.
3d. Pulse 86,30.
36d. Pulse 80,15.
38d. 3.30 P.M. Pulse 80 and respiration 17,15.
39d. Pulse 84 and respiration 16,15.
40d. Pulse 96 and respiration 17.

W J. M.—50d. Pulse 88,°.

Reproving.

O. R. S.—4d. Pulse 66 to 69 and irregular, with from five to seven intermissions per minute (has been a little intermittent before, but is more so than usual now). The symptoms taken at noon.
10d. Pulse 76, soft and rather regular,°.
12d. Pulse 96. Slender at times, and at times full and very irregular,°.
14d. Pulse 95 to 96 all day,°.
15d. Pulse about 100. Slender and intermittent during the early part of the day. This afternoon 80,°.
16d. Pulse 80 and irregular,°.
17d. Pulse 75 and slightly irregular,°.
19d. Pulse 76 and a little irregular,°.
22d. Pulse 80 and irregular, both in volume and beat. The venous trunks are full where seen on the surface,°.
36d. Pulse 96, slender and rather irregular,°.

J. G. T.—8d. Pulse a little irregular, variable in volume and 72 to the minute,°. (The pulse with him is usually 80 to 85.)
9d. Pulse 72, and quite irregular in its beats,°.
10d. Pulse 74 and but slightly irregular,°.
12d. Pulse 76 and rather slender but regular,°.
14d. 6.30 P.M. Pulse 56, full and regular,°.
15d. Pulse 75, regular and full, and on putting the ear to the chest the sounds of the heart are heard distinctly through nearly every part of the chest,°.
17d. Pulse 78, variable in volume but regular in beat, and its sounds so loud and distinct as to prevent hearing clearly the respiratory sounds,°.
18d. Pulse 86, slender and irregular, can himself feel the beats of the heart through the chest distinctly,°.
20d. Pulse 78, at times slender and at times full, and readily caused to fluctuate by change of position or effort of body,°.
25d. Pulse 82, full and regular, temperature $98\frac{1}{5}°$ under the tongue,°.
29d. Pulse 72 and rather irregular in volume in beat. The beats of the heart are violent on making any unusual exertion or continuing a

usual exertion for any considerable time. He has less strength than when he ceased taking the medicine seven days since,°.

R. R.—7d. Pulse 86 and a little variable in volume but regular in beat,°.
24d. The pulse and beats of the heart natural,°.

Neck.

First Proving.

O. R. S.—5d. The left side of the neck feels stiff and sore,°.
7d. The left side of the neck is stiff and sore,°.

J. C. K.—14d, 11.45 A.M. Stiffness and tenderness in the upper part of the sterno-cleido-mastoideus muscle,15.
41d. 5.10 P.M. Pain all afternoon in the right side of the neck at the bifurcation of the common carotid artery, felt when moving the head in any direction, or when pressing the point named, but not noticed when swallowing,°.

W. J. M.—48d. The neck feels stiff,15.

Back.

First Proving.

O. R. S.—14d. Have an aching low down in my back, across the sacrum. This symptom has been more or less constant during the proving,°.

W. J. M.—12d. But little soreness in the back,15.
50d. Dull pain in the lumbar region,°.

M. J. C.—13d. Dull aching in the kidneys,12.

Reproving.

J. G. T.—11d. Pain between the scapulæ quite severe, causing an inclination of the shoulders forward for relief. It is felt at every inspiration, the deeper the inspiration the severer the pain, lasting from 8 till 9 A.M., and gradually passing around below the point of the right scapula to a position on the right side of the chest below the ninth and across the tenth ribs. The part named is very sore on taking a full breath,°.
19d. Began to feel a soreness commencing at the lower cervical vertebra, and extending as far down as the points of and under both scapulæ. The sensation was first felt on moving the arms and shoulders on getting out of bed at night. On taking more than the usual volume of air into the lungs a stitching pain is felt in the space between the scapulæ, which continues until 10 P.M.,°.

Extremities.

First Proving.

J. G. T.—4d. The lower extremities feel heavy,°.
6d. On commencing to move pain and soreness in the right knee joint,°.
7d. The extensor muscles of the thigh feel sore,°.

R. R.—Pain in the left hip-joint and along the thigh in the course of the crural nerve, feeling as if the part had been bruised; worst when commencing to move the part but better from continuing to move it. Pain in the left iliac region, hip and knee-joint, with an occasional twinge in the right knee. Pain in the left inguinal region.

5d. Pain in the anterior portion of the thigh and limb gone, but feel tired all over. Pain and soreness in the posterior part of both thighs in the course of the sciatic nerve; felt most when walking,°.

6d. The pain in the course of the sciatic nerve is not so marked as yesterday, but there is a feeling of weakness in the sacral region,°.

7d. The pains in the lower extremities are not felt,°.

9d. Pain in both knee-joints. Pain in the left hip-joint when walking.

10d. Pain in the left hip-joint and inner aspect of the thigh,°.

O. R. S.—11d. Aching in all the limbs,°.

14d. Got up this morning feeling tired and bruised-like in body and limbs,°.

J. C. K.—3d. Pain in the left knee-joint before rising in the morning. Sharp pain in the ilium after rising, 3.55 P M. Bruised sensation externally over the metatarso-phalangeal articulations of small toe,30.

9d, 9.45 A M. Sharp pain in the right little finger,15.

21d Aching in the thighs,°.

22d. Rheumatic pains in the limbs, especially the lower, running from the hip to the toes, and worse when at rest and better when moving. These pains remain a few moments in muscles supplied by the sciatic nerve. Pain in the second phalangeal joints of the fingers. The pains are most severe in the flexor muscles of the thighs and legs,°.

23d. The lower limbs still ache. The pain is in the flexor muscles,°.

24d, 8.40 P M. A severe pain shot through the metatarso-phalangeal articulations of the fourth and small toes of the right foot, running out to the end of the toes, causing him to limp. The pain resembles that of a sprain, but I have not received a sprain or injury of the foot in any way,°.

25d. Had before rising a severe cramplike pain in the lower part of the popliteal space at the junction of the heads of the gastrocnemius muscle, and running down the muscle a short distance and gradually subsiding during the morning. The pain in the foot is subsiding, and is now (8.25 P M.) almost gone. Have had pain all day in the flexor muscles of the leg during motion, as if bruised,°.

36d. A corn has appeared on the bottom of the right small toe,°.

38d, 9 A.M. Feel neuralgic pains from the axilla to the small finger, along the inner part of the arm, forearm, and hand,°.

43d, 9.30 A.M. Have some pain in the left leg, which commenced soon after rising in the morning, in the outer part of the knee-joint, extending to the tarsus, and is felt over all the aspects of the leg (anterior, and posterior lateral). It is most severe just below the popliteal space at the junction of the heads of the gastrocnemius muscle. Feel sore all over but the left leg feels the worst. 8.50 P.M. The pains in the legs have disappeared,°.

44d, 4.50 P.M. The pains in the knees and legs came on about 3 P.M., just as they were before, but worse in the left hip-joint,°.

45d, 7.05 P M., Have neuralgic pains in the knees and legs as described before,°.

46d, 9.35 A.M. Severe pain in the left knee-joint. The muscles on the anterior part of the thigh are painful when walking and tender when touched. Pain from the tips of the fourth and fifth fingers to the elbow

of the left arm. Pain in the left hip-joint. The pains wander about, showing a preference for the joints and for the left side, but not restricted to that side,^{0}.

48^{d}. A corn has appeared on the bottom of each phalanx of each small toe. Never had any before except one, which left in a few days. Am wearing the same shoes that I have been wearing for three months past. Have felt no friction till the formation was completed. They are both very painful under pressure; cannot think of any cause likely to produce them,^{0}.

51^{d}, 11.30 A.M. The corns are extremely painful,^{0}.

53^{d}. The corns on the under side of the small toes are disappearing,^{0}.

Z. T. M.—2^{d}. Rheumatic aching in the right arm, principally in the shoulder and wrist,^{30}.

3^{d}. Rheumatic pains shooting from the acetabulum down to the knee, lasting but a few seconds, worse on moving about,^{30}.

27^{d}. Rheumatic pain in the right forefinger,^{15}.

36^{d}. For the past five days a weary aching on raising the arm. The shoulder-joint cracks when elevating or depressing the arm. The pain felt in the shoulder passes down the course of the median nerve to the finger end. An aching is felt through the whole left arm. The flexor muscles of the left forearm on holding anything in the hand with the arm flexed become stiff. The aching is worse from pressure and motion. Dull rheumatic feeling extending from the right knee to the ankle with cracking of the knee-joint when flexed or extended. The metatarso-phalangeal bone of the right index finger is sore on pressure, so much so as to make it painful to hold the pencil for any time; was never troubled this way before taking the medicine,^{15}.

38^{d}, P.M. During the morning had an aching pain in the flexor muscles of the left forearm near their insertion at the elbow while riding,^{15}.

W. J. M.—41^{d}. Nervous twitching in the middle and index finger of the left hand,^{15}.

50^{d}. The thighs are sore and the joints feel stiff. The right knee-joint cracked frequently when flexing the leg at night,^{0}.

M. J. C.—13^{d}. Stitching in the tibia when walking,^{12},

15^{d}. Stitching in the tibia when walking. Occasional little flying pains in the fingers, palms of the hands, and forearm,^{12}.

O. R. S—12^{d}. An aching for a short time about midday in the anterior and inner part of the left thigh. Dull aching across the sacrum and down the outer sides of the thighs as far as the knees, the whole of the thighs partaking of the feeling,^{0}.

15^{d}. Weary aching across the sacrum and down the limbs the same as yesterday till ten in the forenoon. From that time was walking nearly all day and felt better while walking, but on sitting down the same feeling returned. Sharp pain on moving below the trochanter on the left side, reaching through to the left spermatic cord, which feels a little sore to the touch. The pain came on twice suddenly, lasted but a few moments, and disappeared, returning on crossing the thighs,^{0}.

16^{d}. The pain under the trochanter felt occasionally through the day as a moderate aching,^{0}.

20^{d}. Soreness on walking or stooping, first felt on getting out of bed in the morning; was very severe on pressure on each side of the sacrum on a line with the acetabulum, and worst on the left side. When walking for some time the pain was easier. Pain and soreness on the inner side

of the left thigh from the inguinal region to the inner edge of the popliteal space. Felt also in a slight degree in the other thigh,°.

22d. But little of the soreness along the inner side of the left thigh now felt,°.

Reproving.

J. G. T.—12d. Dull pain for half an hour on the inside of the popliteal space of the right leg came on about noon while lying, and was accompanied by a disagreeable feeling through the muscular part of the posterior portion of the leg, which passed off while walking,°.

13d, 7 P.M. Pain in the popliteal space while walking about, lasting about five minutes, and not affecting this time the posterior part of the leg, followed very soon by cramp in the plantar surface of the right foot between the os calcis and metatarsal bones, lasting at intervals the balance of the evening (had felt something like it when swimming),°.

15d A weary feeling from the crest of the ilium down the outer side of both thighs to the knees as if he had been taking too much exercise. This began to be felt this afternoon,°.

16d, 3 P.M. An aching commenced in the anterior part of the thigh, extending to the leg and ankle in front, beginning slightly and growing worse until a restless uneasy feeling was produced, which lasted till he retired for the night at 9.30 P.M , but did not prevent sleep and was gone in the morning,°.

17d. About midafternoon had the pain again in the popliteal space of the right leg for about an hour,°.

18d. Has had frequently recurring sharp stitches to-day along the palmar surface of the fourth metacarpal bone, between the carpal and phalangeal bones, articulating with that bone. The same in both hands, but not in both hands at the same time,°.

1877.

ARSENIATE OF SODA.

Recollections of the Proving of Natrum Arsenicatum.

BY J. G. THOMPSON, M.D.

Mind and Disposition.—Feeling of nervousness all through the body. Feeling of gloom; want to sit quiet. Confusion, and want of power to concentrate the mind on any one subject.

Head.—Dull aching pain in the frontal region on awaking in the morning. During the day severe pain in frontal region. Every motion jars the brain. Aching across the brow, over the orbits, and in the balls of the eyes. Face feels hot, and looks flushed at times.

Eyes.—Eyes congested. The eyes and orbital region much swollen. Agglutination of the lids on awaking in the morning. Eyes sensitive to the light. Eyes smart as if from wood smoke. Œdema of the orbital region. Inability to open the eyes as wide as usual. Disposition of the

lids to close. Inner surface of lower lid distinctly granular in appearance. Severe pain in the orbits and orbital region. The whole orbital region much swollen, and the bloodvessels of the ball and lids much congested. Smarting and lachrymation on going into the open air. Sight weakened.

Nose.—Dull aching at the root of the nose. Nose stopped up, right nostril most. Must keep the mouth open to breathe during the night. Discharge from the nose very profuse, commencing clear and watery, gradually becoming thicker, till finally it is tough and yellow. Thickening of the nasal mucous membrane; can inhale air, but have difficulty in exhaling. Yellow tough mucus drawn by inspiration and hawking from the posterior nares. Sneezing brought on by inspiration of cold air.

Face.—Face flushed and hot; feels puffed. Heavy aching pain in the ethmoid bone. Malar bones feel large, as if swollen. Muscles of mastication feel stiff, and motion of the jaw is painful.

Mouth and Throat.—Thirsty, dry, stiff feeling in the fauces and pharynx. Hawking of tough yellow or grayish mucus. Thickening of the uvula, tonsils, and pharynx; irregular on the surface, swollen, purplish red, and covered with an abundance of yellowish or yellowish-gray mucus. Soft parts of the throat thickened. Difficulty in modulating the voice. (The thickening of the mucous membrane of the fauces and pharynx did not entirely disappear for more than six months after I stopped taking the drug, but there was no soreness felt at any time.)

Chest.—Feeling of fulness and oppression in the chest. Dry cough. Cough looser, but no expectoration Sharp, quick pain in the anterior part of the chest, below the seventh rib. Soreness and oppression in the chest; worse on taking a deep inspiration. Tenderness on pressure in the supra-clavicular region. Lungs feel full and clogged. Respiratory sound very indistinct.

Stomach and Abdomen.—Tenderness in the entire epigastric region, most marked immediately below the ensiform. Pain through the abdomen. Bowels relaxed. Frequent passage of flatulence. Feeling of nausea. Vomiting of large quantities of sour water. The odor of food is pleasant, but on attempting to eat, it produces vomiting of very sour fluid.

Back.—Severe pain between the scapulæ, causing an inclination of the shoulders forward for relief, felt at every inspiration, and gradually passing around below the point of the right scapula, to a position on the right side of the chest, below the ninth, and across the tenth rib; soreness commencing at the lower cervical vertebra, and extending as far down as the points of and under both scapulæ. On taking a deeper inspiration than usual, a stitching pain is felt in the space between the scapulæ.

Urinary Organs.—Dull cutting pain, lasting about five minutes at a time, and coming about every half hour, is felt along and about the length of Poupart's ligament, occurring on both sides at the same time. After the subsidence of the pain, a sickening sensation is felt in the left testicle, as if caused by a blow, and lasting about ten minutes. During the time this sensation lasted the testicle was extremely sensitive to the touch even of the clothing, but this sensitiveness passed away each time the pain subsided. Urine light-colored and increased in quantity.

Extremities.—Sharp stitches along the palmar surface of the fourth metacarpal bone, between the carpal and phalangeal bones, felt in both hands, but not in both at the same time. The lower extremities feel heavy. On commencing to move, pain and soreness in the right knee-joint. Dull pain on the inside of the popliteal space of the right leg, accompanied by a disagreeable feeling through the muscular part of the

posterior portion of the leg, which passed off while walking. Cramp in plantar surface of right foot. Aching in the anterior part of the thigh, extending to the leg and ankle, beginning slightly, and growing worse till a restless uneasy feeling was produced.

Heart.—Pulse irregular, variable in volume, and slower than usual. The sounds of the heart are heard through nearly every part of the chest. Can feel the beating of the heart through the chest distinctly.

I have prescribed Arseniate of soda more frequently for affections of the eyes than for any other complaint for which it appears to be indicated. Have used it for granular eyelids, for chronic inflamamation of edges of the lids with agglutination, and for conjunctivitis. The effect has been so gratifying that I mostly use it now where formerly I gave Bell. or Puls. I think that I have secured the best results from it in chronic cases or cases that have been badly treated at the start. Have used it with most gratifying result in the following case:

Mrs. M.—— came to my office in June of this year. She has been subject to attacks of acute tonsillitis, usually having several attacks during the winter. The last one, which occurred in March, left her throat very much swollen, and she has suffered from it ever since. She has been using Bichromate of potassa as a wash. The whole of the fauces and upper part of the pharynx are swollen, of a dark-red hue. The tonsils are greatly enlarged, and the uvula elongated; the parts were covered with patches of dirty-looking mucus. Constant dry sensation as if something was lodged in the throat; at times feeling as if there was a pin sticking in the throat; at others a feeling of a lump, always worse in the morning. I prescribed Hepar sulph. without effect. I then gave Lachesis, but still no change. I now gave her Arseniate of soda, the attenuation being one higher than what I took (one-tenth) while proving the drug, five pellets to be taken every three hours. At the expiration of a week she reported much improvement, but still considerable swelling. Continued the drug, a dose every four hours. At the end of three weeks her throat was well. The swelling had all disappeared, except some enlargement of the tonsils, resulting from their being frequently lanced.

Secondary Symptoms of Natrum Arsenicatum.

BY J. C. KING, ALLEGHENY, PA.

It is now two years since I engaged in the proving of the Arseniate of soda. Many of the symptoms produced in me wore off very gradually; some few have persistently remained. The skin symptoms disappeared soon after the drug was discontinued. No mental symptoms have been observed, in my own case, for eighteen months or more, but I notice that prover R. R., with whom I am associated, has never fully recovered from the nervous restlessness and loss of power of concentration. The head symptoms have occasioned no inconvenience for many months. Ever since taking the drug the respiratory mucous membrane has been unusually sensitive to the influence of cold and irritating dust or vapor. Every day for two years I have hawked up more or less thick white mucus, while thick yellow mucus has been discharged from the posterior nares. These symptoms are aggravated by the inhalation of dust, smoke, etc. There is a tendency to the formation of dry crusts in the nose; when these are removed blood follows. There is a pretty constant compressive pain at the root of the nose. After a trifling exposure to cold my throat

assumes the red puffy appearance noticed at the time of the proving; no pain accompanies this condition. The action of the drug on the eyes was very marked at the time the proving was made,and the symptoms have since been so persistent that I fear the results are permanent. The eyes feel constantly weak, as if the lids must be kept closed to protect the ball. The conjunctiva seems dry and painful. When reading or writing, the eyes soon become tired and painful. A slight exposure to cold or wind produces congestion of the conjunctiva. After looking at an object a short time it becomes blurred and indistinct; the eyes are very sensitive to light. All the eye symptoms are worse in the morning, become gradually less severe, and disappear towards evening. The eyes do not suffer, especially from artificial light. The abdominal symptoms have not been prominent for some time; however, the bowels have not been regular since the proving, they are alternately relaxed and constipated; gas accumulates very rapidly, producing pain, which is only relieved by a motion of the bowels or escape of flatus. The neuralgic pains in the lower extremities have returned at intervals, apparently without any exciting cause; they appear chiefly in the left thigh, leg, and foot, and the nerves supplying the flexor muscles are alone affected. I have used Natr. ars. in dispensary and private practice in cases of catarrh and conjunctivitis. In catarrh it has proved curative to pain in the forehead and root of nose, dry bloody crusts in the nose, dropping of tough mucus from the posterior nares, and hawking up of mucus from the larynx, all aggravated by dust, smoke or cold. In acute cases of conjunctivitis I have not been successful with the drug, but after the fever has subsided, and when the case tends to become chronic, when the membrane is injected with blood, with, perhaps, small rugæ running over it, when the whole eye is dry and painful, or when the eyes are simply weak, and only exhibit the above symptoms when freely used, especially if the symptoms are worse in the morning, as is often the case when the eyes are subjected to night-work, I have found Natr. ars. to be the right remedy.

Nearly two years have elapsed since the proving of the Arseniate of soda The symptoms caused by the drug disappeared entirely soon after I ceased taking it, except those of the nose, fauces, and chest. These have been quite persistent since the proving, and are as follows:

The nasal mucous membrane is dry, the mucus becomes tough, hard and sometimes when dislodged causes bleeding. From the posterior nares there is a dropping of mucus. which at times collects in a tough and very tenacious mass, causing considerable hemming and hawking to dislodge it.

The fauces feel dry on inspiration and on deglutition. The dryness worse in the morning, and always after a cold.

In the right side of the chest, beneath the cartilages of the fourth and fifth ribs, where irritation, pain, and soreness occurred when proving the medicine, there is an uneasiness, which on any physical exertion occasions a teasing sensation, producing a dry hacking cough and slight soreness, but never any acute pain. These symptoms are aggravated by deep inspirations, by dust, and a close atmosphere.

During the past twenty-one months I have prescribed the Arseniate of soda for catarrhal troubles of the nasal mucous membrane, fauces, trachea, and bronchi, and have verified many of its pathogenetic effects in the cases benefited.

The class of cases in which I have used it were characterized by the following symptoms: dull supraorbital headache; a feeling of fulness of the head and face; eyes heavy, and at times soreness of the eyeballs; burning of the eyes, and more or less congestion of the conjunctiva,

watery discharge from one or both nostrils, or stoppage of the nose; dryness of the fauces; dry cough; worse in the morning.

Have prescribed the Arseniate of soda less frequently than I should have done, and have not been as careful in the observance of the results as I should have been, being one of the provers, but before closing this paper I will here state that I have seen it prescribed by the consulting physicians in a very severe case of diphtheritis with a most happy result. The patient, my wife, aged thirty years, dark complexion, black hair and eyes, nervous temperament and scrofulous habit, had been sick three weeks. During the first week she improved rapidly under the influence of Lachesis and Protoiodide, but leaving her room too soon, suffered a relapse, the membrane again appearing on the left side of the throat and spreading to the right. The same remedies were given with good results, when a second relapse occurred. This time the deposit appeared on the right side and spread to the left. Several remedies were given without any apparent effect. Toward the end of the third week the following symptoms were present.

The throat was œdematous and of a purple color: tonsils and fauces much pitted. At the bottom of the pits portions of the diphtheritic formation. Tongue yellow-coated; no appetite; some obstruction of the posterior nares; nasal sound of the voice; the surface of the body cool and covered with a cold clammy perspiration; the feet cold; oppression about the heart, especially on the least exertion. The infant, three months old, was not permitted to nurse on this account. Pulse feeble, quick, and intermittent; a wish to be left alone and mind without hope.

At this stage the Arseniate of soda was exhibited in the tincture. Improvement commenced immediately, but was gradual.

Two months afterward the sequela,—partial paralysis of the muscles of deglutition and of the extremities,—entirely disappeared under the combined influence of country air, nourishing diet, and Gelsemium.

O. R. Shannon.

Two years have elapsed since I entered upon the proving of the Arseniate of soda. Many of the symptoms noticed while taking the drug have disappeared. Those which remain, or which have reappeared from time to time, will be mentioned under their appropriate headings. And any symptoms which have been verified by clinical experience, so far as I have used it, will be noted.

Skin.—The rash noticed during the proving has made its appearance on the face and neck at irregular intervals since, but has not remained long at any one time. A squamous eruption (not noticed either before or while taking the drug) has appeared on the chest along the sternum. The scales are quite thin, whitish, and when removed leave the skin slightly reddened. When the scales are allowed to remain the parts covered by them become itchy, especially so when warm from exercise.

Mind and Disposition —Am more restless than was formerly my habit, so much so as to be noticed by others. Not so cheerful as before the proving. At times feel irritable, and then have not the usual desire for study, although the mind seems clear and the memory as usual.

Head.—The headache experienced while taking the drug passed off soon after I ceased taking it, and has not at any time since reappeared.

Nose —Since the taking of the drug have been troubled with nasal catarrh. The nose feels stopped up all the time, but is worse at night and in the morning. During the day there is very little discharge from the nose, but a feeling as though the mucous membrane was swollen. In the morning the nose feels stopped up, and pieces of hardened bluish-

colored mucus are blown from it, after which the mucous membrane feels sore and raw. I take cold much easier than I used to.

Eyes —My eyes became sound as usual about seven or eight months after I ceased taking the drug, and have remained strong and well since.

Stomach.—The tenderness of the epigastrium noticed during the proving remains in a moderate degree. Have had frequent attacks of indigestion lasting several days at each time. At such times the stomach feels sore, and anything warm or heating causes a sensation of burning, and can be sensibly felt immediately on entering the stomach. Previous to engaging in the proving I had not experienced any tenderness or pain in that region.

Extremities.—The neuralgic pains produced by the drug reappeared frequently during the first year. At times they were quite severe, and would remain for several days at each return. Recently they have not given me any trouble.

Clinical.—I have not used the Arseniate extensively, but have had good results from it in recent catarrhal affections and in diphtheria. In affections of the air-passages I have prescribed it successfully for dry cough with an oppressed feeling of the chest, short dry cough without expectoration, lungs feel as though smoke had been inhaled, nose dry and obstructed, and when the patients expressed their feelings by saying that they felt stuffed up. I have not prescribed it for fluent coryza, and consequently cannot say anything definite with reference to its curative powers in such cases. I have seen a remarkably prompt result from its use in a case of malignant diphtheria, which will be described at length in a paper by one of the provers.

R. Ramage.

1877.

THE HOMŒOPATHIC MATERIA MEDICA AS A SCIENCE AND ITS APPLICATION AS AN ART.

BY HENRY N. GUERNSEY, M.D., PHILADELPHIA.

Science, strictly speaking, means knowledge. In a general sense it is a series of ideas deduced from established principles methodically arranged and made applicable to one subject. In medicine we ratify these principles by experiments and observation, and apply them to the removal of disease. The experiment consists in administering a medicinal agent to several persons in health; the observation in noting the results. "This observation does not consist in a mere glance at results,—in a kind of vague looking on, so to speak,—but in the power of comparing the known with the unknown, of contrasting the similar with the dissimilar, in justly appreciating the connection between cause and effect, the sequence of events, and in estimating at their correct value established facts." So uniform are these consequences that any one sufficiently conversant with them will at once recognize a medicine taken by the effects it produces. The knowledge of medicines, obtained as above, constitutes

our Materia Medica. Hence, the knowledge of the Materia Medica is in every way worthy the name of a true science. It is developed under the third Newtonian law, namely, "Mutual action consists of action and reaction, and they are always contrary and equal."

The principles of *our* science, as in *every* science, must be obtained in their own peculiar method, by special experimentation and observation, when the results will be uniform and determined in every human being.

Every remedial agent will give a *re*action just as peculiar, equal and perfect as its *ac*tion, thus proving the accuracy of the science of our Materia Medica. And, as we continue to experiment and observe, we may extend our Materia Medica so long as new remedial agents may be found with which to further the process. Each proceeding adds a new link, perfect and complete, to the long chain of experiments *ab initio ad finem*.

The Materia Medica *as* a science, however, is utterly useless until adapted to the healing of the sick. Our knowledge of the symptoms of every drug in the Materia Medica may be so complete that the recognition of medicine by its effect will be positive; yet if we have not learned something about the manner of curing, all our knowledge amounts to nothing. In this, *i. e.*, in the application of the Materia Medica, lies the art. For art is but the application of science according to fixed rules.

The science of numbers is employed to infinity in all kinds of calculation by the observance of established rules. With the rules of grammar the language of any nation can be learned to perfection, but not without them. The art of painting, also, can be carried to a high state of excellence by conforming to its governing principles. So the art of healing, which may be considered a divine art, has its fixed precepts, which must always be obeyed. The appropriate rules for the use of our Materia Medica are unfolded and expounded in Hahnemann's *Organon of the Healing Art.* These rules are true because they are founded upon the same immutable laws of nature as that upon which the Materia Medica is based,—the law of action and reaction,—and when properly applied will lead to the perfection of our art. It is action and reaction that give us our knowledge of the Materia Medica. In applying this knowledge to use, action and reaction give us health. These are the *only* rules, because they alone are peculiar to and arise from the unchangeable law of nature —action and reaction. As much so as the laws of gravity in all that concerns gravitation, or in the laws of cohesive attraction in all that concerns cohesion, or in the laws of chemical affinity in all that relates to chemistry. So, likewise, in all other sciences. Moreover, it is not possible for physician or layman to make a single homœopathic prescription without some knowledge of this selfsame law, either from hearsay or otherwise. If, therefore, some good can result from a slight knowledge of these rules, as from hearsay, for instance, how much more can be achieved by means of a thorough acquaintance with them?

As *all* arts have their own special and fixed rules arising from the various sciences from which they originate, so the art of healing has its peculiar principles, which must be strictly adhered to in order to obtain the best results. As in all *other* arts, intense study and assiduous application are needed to perfect the student therein, so is it in the art of healing. A physician should be thoroughly read and versed in all the principles, both elemental and fundamental, as set forth and elucidated in the writings of Hahnemann, who originated and founded this whole medical system. It is the *Organon especially* which gains and grows upon us the more we study it, and the more our faculties by its study develop, increase, and expand into a clear comprehension of it. "The

observation of this fact, by experience, led our Bönninghausen to inculcate upon the profession his advice to iterate and reiterate the diligent perusal and assiduous study of this work as the fountain-head of our knowledge of homœopathy." As beautiful as is the theory of the above science and art, so much more beautiful is it in the practice when applied to the healing of the sick. The more skilful the practitioner becomes in using these rules, the more apparent will be the truth of the above assertions in every instance.

We will now adduce a few examples in support of what we have advanced above. These shall be no fanciful sketches, but actual results obtained in healing the sick. If any one has doubt of this matter, let him faithfully acquire the knowledge and honestly apply the principles according to the Master in our art.

As gonorrhœa manifests itself in a variety of forms, and is deemed by most physicians to be difficult of cure, it will afford a good subject for illustration A physician is applied to for help in a case of this kind. The patient describes his symptoms as follows; Cutting-burning pain during micturition, which occurs very frequently, the urine coming in drops or in a feeble stream; the sufferings at times are so great as to make him bend double and cry out. Sometimes there is hæmaturia and severe chordee. "Can the art of man relieve me?" Yes, the scientific man of our school quickly perceives in this case a true picture of *Cantharides*. Those who have attained the highest advancement in our art will prescribe a single dose of this remedy in a high potency, dry on the tongue, and *Sac. lac.*, for three or four days. In a short time, usually in twelve or twenty-four hours, there will be a diminution of the sufferings; a little later there will be a decided improvement, and if it be a simple, uncomplicated case no more medicine will be needed. If the cure is not complete in ten days some antipsoric remedy will perhaps be required. Then the symptoms must be collected afresh, and the new remedy chosen and administered as above.

Another case comes before us, with frequent desire to urinate, accompanied by a burning-smarting sensation during the act, but not presenting the *sharp cutting* as in the former remedy. There may be bloody urine and chordee, but the symptoms are not so violent and so *sharp*, nor the sufferings so acute as in the former remedy. The urine passes off, producing a tearing, zigzag sensation in the urethra, which feels inflamed and is painful to the touch throughout its whole length. The contrast is very distinct between this and the former remedy, and we recognize at once *Cann. sat.* Now, according to the rules of our art, we give a single dose of this remedy in a high potency. In a few hours we note an amelioration, and the case steadily improves till a complete cure is the result, without a repetition.

Take another case quite different from those mentioned. There is no suffering *during*, but there is burning and cutting *after* micturition, sometimes violent stitches in the urethra between the acts of urination. The urine flows copiously, but the suffering is always after micturition or in the interval. How different this case from either of the others! Our science teaches us that *Natr. mur.* is the remedy. One dose in a high potency will perform a rapid cure, when allowed to act in accordance with the rules of our art. This remedy has to be administered, sometimes, after *Cantharides* or *Cann. sat.*, when these remedies have not been quite sufficient.

Another case comes before us where the suffering is developed near the *orifice* of the urethra. At this place there is burning immediately before, after, and during micturition; sometimes fine stinging in the

orifice, immediately after urination. There are often violent stitches or prickings in quite the *anterior* portion of the urethra, between the acts of micturition. Here our science teaches us that *Capsicum* must be the remedy. Administer a dose of the high potencies and we will be rewarded with a complete cure without a repetition. Tearing pains in the glans penis characterize another form of suffering, and sometimes we find darting, tearing and terribly severe pains extending the whole length of the urethra, from before backwards. Here *Mezereum*, in a high potency, is the remedy, a single dose of which will generally suffice.

Another form of this trouble presents a sensation as though a drop of urine were passing along the canal from the neck of the bladder, sometimes with drawing and cutting pains. When this sensation is distinct and well marked it will be found that *Thuja occ.* will cover the whole case. Here is the science, apply it, and a single dose will be sufficient to indemnify our art.

A well-marked redness and inflammation of the meatus urinarius externus is the characteristic symptom of another form. This part feels hot continually, and when these two symptoms come together, *Sulphur* is worthy the closest examination, which remedy probably will be found to cover the whole case. One dose will be all-sufficient.

Again, a large collection of smegma behind the glans penis, with much itching of the prepuce, inflammation and swelling of prepuce and anterior portion of urethra. There is also tenderness of the part to the touch, and the gonorrhœal discharge is of a marked greenish color. Now our scientific knowledge reminds us of *Merc. sol.* Here, according to our art, *Merc. sol.* will bring the cure in a reasonable time. Should the discharge be thick and yellowish, we may think of *Merc. corr* instead of the solubilis.

The marked symptoms of another case are want of erection and deficient sexual desire. Our science will now lead us to think of *Agnus castus.*

In another form a sensation prevails as though the urethra was closed, not allowing free passage of urine. There is also dragging in the urethra, with a sense of soreness after micturition. Now we might study *Argen. nitr.* with a fair prospect of applying it according to the rules of our art.

In another instance the patient will complain of a horrible pain in the testicle. There is much swelling and tenderness; urine offensive and painful in the voiding. He confesses that his gonorrhœa has been suppressed. Here our science leads us at once to consult *Nitric acid.* Its use, according to our art, relieves the pain, the gonorrhœa returns and we cure the case.

In another form of this malady we have *swollen* testicle, *inflamed* eyes, *scanty* urine, restlessness, and desire to be in constant motion. He acknowledges his gonorrhœa to have been suppressed. Our science points to *Pulsatilla.* Our art decides its utility.

Another case. Applicants for aid in this complaint, living on wines and highly seasoned rich food, suffer from an aching in the orifice of the urethra, with shuddering between the acts of urinating. Occasional attacks of contracting pain from the orifice of the urethra backwards towards the body. Painful and ineffectual desire to urinate, or urine passing in drops, with burning and tearing. Frequent inclination to urinate, with burning. Here our art would call for the use of *Nux vom.*

Kali bi. gives us another scientific picture. After passing water it seems as if a drop were remaining far back in the urethra, which he is unable to void; this drop burns and worries him a long time, with fruitless efforts to expel it. In this case our art teaches us to administer

a single dose of a high potency, and in a short time a cure results. This remedy is similar to Thuja, but quite different.

Clematis erecta affords another scientific picture. The patient is utterly unable to pass a drop of water for a long time; finally a few drops pass away, or there will be an interrupted stream, all without pain. Sometimes one thinks he has finished nature's demand, when suddenly a quantity will pass involuntarily in drops. When there *is* pain in urinating it is most severe at the commencement. Art again demands a single dose only, always high. When any of the above remedies fail in making a cure, proceed further according to the rules of Hahnemann.

We will now proceed to illustrate science and art in the cure of chancre.

Merc. sol. has the following scientific picture: Painful itching ulcer, the size of a pea, on the glans near the frænum, with discharge of offensive pus; ulcer sore to the touch. Mercury, high, will lessen the ulcer one-half speedily, say in a week. In the same time again, without a repetition, the ulcer will be healed.

Merc. sol. affords another picture. Several small ulcers which bleed easily so soon as the prepuce moves or on handling the parts. Very painful ulcers on the glans and on both sides of the frænum. Patient complains of pain in the inguinal region on walking, but there is no redness of the skin visible. Heavy pressure on the inguinal glands causes pain. One dose of *Mercury*, in a high potency, causes the whole trouble to disappear in the course of two weeks.

Merc. sol., a third picture. Chancre, size and shape of a small-sized Lima bean, near frænum, on the glans, and of some depth. The bottom of ulcer covered with a thin yellow layer of pus. Prepuce red and swollen. Ulcer painful when touched. *Merc. sol.* high, and one dose will obliterate the whole trouble gradually in the course of two weeks.

Cinnabaris presents another striking picture. Ulcer on glans near orifice of urethra, size of a lentil, surrounded by a *red*-yellowish ring. Several lentil-sized pigmentations of *red*-yellowish color on the glans and prepuce. *Cinnabar*, one dose high, caused a complete cure in about two weeks.

Cinnabar, a second illustration. Round chancre, large as good-sized pea, above the corona glandis, surrounded by a *red* halo. Three pigmented spots *red* as *scarlet* on the glans and prepuce. *Cinnabar*^{1m}, one dose, completely removed every trace of this trouble in about two weeks.

Merc. biniodatus. A *true* picture. On the front of prepuce appears a hard *red* swelling, extending half an inch in length, as thick and hard as a common lead-pencil; in the centre of this is a hard chancre, which has not the slightest pain on handling or pressing the part. A high potency of *Merc. biniodatus* completely cures these cases in the course of three or four weeks.

Thuja, a picture of. Round, unclean, elevated ulcers, with little necks on corona glandis, surrounded with redness, usually moist and painful. Condylomatous excrescences. One solitary dose Thuja^{70m} dry on the tongue will afford a sure vindication of our art.

Nitric ac, a picture of. Ulcers on the corona glandis, about the frænum, on the prepuce, or on the scrotum, with sensation, on the slightest touch, as if sticks were jagging them, hurting exceedingly. Our art proves that one dose of this remedy, in a high potency, is sufficient to cure in the course of two weeks.

Corallium rubrum, a picture of. Ulcers flat and extremely sensitive to the touch, sometimes bleeding. Chancres on any part of the penis or on the scrotum, so sensitive he can't bear to have even the shirt touch them.

Secondary chancres of this nature also. By applying the rules of our art, a solitary dose works a speedy cure.

Let those who question the above read the *Organon* and *obey the master*. No *amount of argumentation* will satisfy them. The science *acquired* and the art *practiced would satisfy* them *abundantly*.

1877.

ACONITUM NAPELLUS.

BY AD. LIPPE, M.D., OF PHILADELPHIA.

Aconitum was known to the ancients; they knew more of its poisonous properties than of its medicinal and curative uses, as is evident from the relations which Ovid gives us in his *Metamorphosis* (7th book, verse 453). The ancients poisoned their arrows with its juice. The poets looked upon it as a child of the lower regions. The Arabian physicians applied Aconitum in their therapeutics; the Greeks and Romans seem to have known very little of its uses.

The first proving of Aconite was made by Stœrk, in Vienna, in the year 1762; by proving it on himself he gained a positive knowledge of its actions, and it was incorporated in the Pharmacopœia of the day. It was left to Hahnemann to ascertain its curative virtues, by following the simple but the only reliable plan of first proving a drug on the healthy person, and guided by the effects so ascertained to make the clinical experiment under the law of the similars. We find the results of Hahnemann's painstaking labor in the first volume of his *Materia Medica Pura*. We there find in the introduction, which was written in 1830, all the characteristic symptoms of this remedy: they were the results of his close observations in its clinical applications. For these characteristic symptoms and indications the world will be forever beholden to this great observer. Hahnemann there says: "Although the following symptoms do not express the whole significance of this very valuable plant, still they open to the thoughtful homœopathic physician prospectively an aid in diseased conditions in which the former medical art had employed the most dangerous means, very often without any success, and almost always followed by sad after-results; these means were, for instance, profuse phlebotomy, and the whole compound apparatus which was believed to be able to cure and subdue inflammations" Based on this disconnected sentence it became the order of the day, that not thoughtful but thoughtless men, who called themselves homœopathists, claimed that Aconite took the place of the obsolete lancet in our therapeutics. We find these erroneous conceptions of the uses of Aconite expressed by some modern writers. We find in Dr. Richard Hughes's *Pharmacodynamics*, vol. i, p. 42: "When we say, after Hahnemann, that it quickly cures 'pure inflammatory fever,' we mean before such fever has so localized itself as to develop organic changes;" and on p. 44: "Aconite will do everything for which the lancet used to be thought indispensable." In order that we may appreciate such thoughtless, erroneous, and misleading statements, let us follow Hahnemann and see what he says in his preface following

the above misconstrued sentence. He says: "I mean the so-called pure inflammatory fevers, in which the *smallest dose* of Aconite supersedes all formerly used antipathic treatment and quickly cures without any bad after-effects. In the measles, in miliaria purpurea, in the inflammatory pleurisy, etc., her healing powers resemble a miracle, if while keeping the patient tolerably cool, he receives, *alone*, under the avoidance of all medicinal substances, even of vegetable acids, the one-thousandth part of a drop of the decillionth potency for a dose. Very seldom will it be necessary to repeat that dose after thirty-six or forty-eight hours. But that even here all slovenly-cure method may be avoided, which is too apt to apply its actions guided by imaginary names of diseases, and in order that they may be banished from our conscientious therapeutics, it is necessary that in all cases of sickness requiring Aconite the most prominent symptoms of the sickness, even those of the acute disease, must be found in corresponding similarity under the symptoms of Aconite;" and further on he says: "Aconite is also one of the principal remedies in this above-mentioned small dose in inflammation of the larynx (croup, membranous croup), in various kinds of inflammations of the throat, as well as in local inflammations of other parts, especially where there is present, *besides thirst and an accelerated pulse, an anxious impatience, a not to be condoled overexcitability, and an agonized tossing about.*

"It causes all the abnormal conditions, which show themselves similarly in persons who had a fright with vexation, and it is also the surest, quickest curative remedy for them.

"Whenever Aconite is to be chosen as the homœopathic remedy, it is very essential to look *to the mental symptoms, and see that they especially* are most similar."

Hahnemann gave us here in a few short sentences the most characteristic and essential symptoms of this remedy. His closing admonition, to look to it that especially the mental symptoms are most similar if Aconite is to be chosen, is the most important remark made by this close observer, who thereby elevates the healing art by him promulgated above the ordinary materialistic method in medicine. Subsequent experiences based on the clinical experiment have fully convinced his true followers that his remark and admonitions are but too true. The earlier homœopathicians who were following the master strictly, and how could they expect to reach the beneficial results he reported if they did not follow him explicitly, found that Aconite never caused the desired cessation of fever or assisted the sick in any case to recover if these mental symptoms, so very characteristically belonging to it, were not present. And we find later that thoughtless or misinformed physicians, believed what for instance even now Dr. R. Hughes teaches, that Hahnemann had said that Aconite quickly cured inflammatory fever. Now the historical fact is this, that our ability to cure forms of diseases when fever is one of the most prominent symptoms, with a dose of Aconite, was not a result of deductions drawn from the provings; but it so happened that persons having a high fever also suffered from symptoms essentially belonging to Aconite, according to the report of the provers of it, and these symptoms so prominent on the sick induced Hahnemann and his pupils to administer a minute dose of Aconite under the law of similars, and, behold, the symptoms indicating it disappeared, and also the fever. The fever was not then the indication for Aconite, and it is poor logic which will now, after the clinical experiment has shown that the fever disappeared simultaneously with the indicative symptoms for its choice affirm that the fever under any sort of plea should be the guiding indication for Aconite.

The unfortunate acceptance of the perverted teachings of many medical men, that Aconite is to homœopathy what the lancet was to the allopathists, has turned this blessing-bringing remedy when properly administered into its ancient condition, in which it was held by Ovid,—a child of the lower regions. Dr. Richard Hughes, like others, teaches "that Aconite will do everything for which the lancet was thought to be indispensable." Then we must say now that this is the great error of the day, and its unfortunate acceptance by many will make Aconite as much a bane to the sick as is Opium.

The allopathic school of medicine has, with the light or rather with the want of light they have, accepted this unfortunate teaching, and now abuse it in fever, inflammatory conditions of all kinds, especially in acute rheumatism. Small and infinitesimal doses will not cure under these false indications, and are therefore cried down; the dose is often then increased to such an extent that the results of these immense doses are more disastrous to the sick than was the disease itself. As homœopathists we know that fever and thirst are only symptoms of a diseased condition; and when we examine the sick carefully, the other symptoms also present will soon decide our choice of a remedy under the law of the similars. Hahnemann has given us the positively characteristic symptoms, and they (not the fever) must be present if we can reasonably hope to cure the sick with Aconite. Not only the characteristic symptoms are given by Hahnemann, but also other important, nay, indispensable injunctions.

First, we must give one dose, and alone, which excludes all possible alternations or the mixing up of other medicines with Aconite. The baneful administration of Aconite and Belladonna in alternation is thereby a violation of this first injunction. Second, we must give but one dose, of at least the 30th potency, and then we are assured the effects will be almost like a miracle. The homœopathists who have so administered it will one and all bear testimony that Hahnemann's promises have been fully realized. Aconite is not as often indicated in cases of sickness where fever is present as many other remedies, because the other characteristic symptoms indicating it when fever predominates are not often to be found; and when not present Aconite will do not only no good but will do almost irreparable harm. Especially injurious are its actions, and the more proportionately injurious the oftener it is repeated and especially if administered in comparatively larger doses than recommended by Hahnemann, when the fever is only the introductory symptoms of an eruptive disease, as scarlet fever, measles, or small-pox; and still more injurious when the fever is in conjunction with typhoid conditions, in the beginning of typhoid or typhus fever. The third injunction is the most important of all, and it is this: "Whenever Aconite is to be chosen as the homœopathic remedy, it is very essential to look to the mental symptoms, as they are most pre-eminently similar." This injunction is the most important of all, as by its acceptance all haphazard prescriptions for supposed forms of diseases are out of the question. The mental symptoms in the first place are not always the same in all individuals suffering apparently from the same form of disease, and may impliedly be present in any form of disease. The form of disease with which we have to deal is therefore never an indication for any remedy any more than the mere presence of fever is an indication for Aconite. Again, the importance of this injunction becomes so much more apparent as it in reality shows that great difference between our benign healing art and the common material school of medicine. This school, based on materialism and the hypotheses growing out of it, pays not the slightest attention to

just these mental symptoms, which we are told must be so seriously considered, as it becomes essentially necessary that they should by all means be similar. The materialistic common school of medicine is satisfied to try to show the supposed cause of a disease, first supposing to be able to ascertain the changed conditions of the organs and tissues in a given case of disease; and next supposing to be able to point out the cause of all these supposed changed organs and tissues, establish first one hypothesis, on which they base another hypothesis, and lastly hurl against this hypothetical monster, disease, a hypothetical remedy, the action of which is only existing in a hypothesis, not known to them except *ab usu in morbis*. And these three injunctions clearly illustrate the three fundamental principles governing our healing art. 1. The law of the similars. 2. The single remedy. 3. The minimum dose.

Hahnemann clearly illustrates his and our mode of applying the law of the similars in our therapeutics; he insists upon it, 1. That the symptoms must be similar, including the mental symptoms, and these mental symptoms were not considered of any importance by the common school of medicine, and to this day are by that school set aside. Hahnemann deprecates the treatment of forms of disease as such, and has nothing to do with these forms, except to use the accepted names of diseases under a classification, only useful as an expression of terms accepted for convenience sake. Again, he guarded even at that early day against a possible abuse, which really appeared later, to read materia medica through physiological and pathological spectacles, as such a course would destroy at once the whole school by him founded.

2. Hahnemann advocates here, as he always did, the single remedy. He says Aconite must be given *singly*, and 3, he states the dose which he and his disciples found just sufficiently large enough to cure the sick, nor does he repeat this very small dose, till in rare cases in thirty-six hours the effect of that single dose has been exhausted.

Since Hahnemann published his *Materia Medica Pura* Aconite has been reproved very extensively, especially by the Vienna provers. We have learned to cure many grave chronic diseases with Aconite; especially useful has it been found in hypertrophy of the heart, provided these characteristic symptoms were present. It will then in such chronic cases act sometimes much longer than in acute diseases, and much higher potencies than were mentioned by Hahnemann will in a single dose very often continue to develop its curative powers for weeks.

And as it has been before the days of Hahnemann so will it be again. Aconite will be a blessing to the sick if properly applied, as we are taught in the writings of Hahnemann; and Aconite will be declared a child of the lower regions by the sick who suffer from the inevitable consequences of its application for the cure of the sick not in harmony with the infallible principles guiding the true healing art.

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ANTIPSORICS IN THE ATROPHY OF INFANTS.

BY E. A. FARRINGTON, M.D., PHILADELPHIA.

Explanatory.

THE following collection of symptoms is the result of a protracted study of a case which cost the writer many anxious hours. Failing by carefully selected remedies to even relieve the patient, it was determined to sift our Materia Medica as thoroughly as time and other engagements would permit, in order to find whether any antipsoric or deep-acting drug could be found suitable to the case.

This fact will explain the lack of complete system in the paper, and also the defective relation existing between the first and second parts, the latter containing some symptoms and additional drugs not found in the former. These defects there was not time to correct.

In arranging the symptoms the writer has not restricted himself to the pathogenesis of genuine atrophy, the tabes mesenterica, which is essentially tubercular, but has included symptoms of rachitis, scrofula, and simple indigestion, with attending marasmus.

In several instances, however, especially in the repertory, mention is made of symptoms known to be characteristic of some one or other of the diseases included under the general term atrophy. But in so doing the writer by no means wishes it to be inferred that he would teach that therapeutics is dependent upon pathology. The latter helps him in obtaining his "totality," abridges his phraseology (as, for example, when he writes scorbutic sore mouth, Mercurius, meaning thereby all the well-known buccal symptoms of that remedy), and acquaints him with the unmodified course of disease. But when he has his case well understood, the symptoms, subjective and objective, must be submitted to the rules of homœopathy, not to the restrictions of so general a science as that of pathology.

If omissions are noticed, let it be the pleasure of each one to mention them. If the paper does but call forth a healthy criticism, it will fulfil a useful purpose, and save some one hours of labor, and mayhap a mother her darling child.

E. A. FARRINGTON.

PART I.

Antipsorics in the Treatment of Atrophy of Infants.

Sulphur is characterized by emaciation; the skin is dry, harsh, and wrinkled, giving the child an "old-man" look. The body has an offensive odor, not removable by washing. Eruptions are chiefly eczema capitis, generally dry, easily bleeding; itching, more at night; scratching relieves, but causes bleeding; excoriations; intertrigo, especially at the anus.

Glands swollen, particularly the cervical, axillary, and inguinal.

Appetite voracious; child eagerly grasps at everything within reach and thrusts it into its mouth. Abdomen distended and hard. Constipation, or diarrhœa, slimy, green, watery, changeable; worse at night;

sudden urging awakens him in the morning, followed by copious watery stools.

If hydrocephaloid sets in, the child lies in a stupor, its face pale, lower jaw dropped, eyes half-open, and forehead covered with cold sweat The urine is suppressed and there are frequent muscular twitches.

In less severe cases the child is restless at night; sleeps in "cat-naps;" awakens often screaming, or on going to sleep is annoyed by sudden jerking up of the limbs. At other times an almost unbroken fever obtains, the skin for days remaining dry and hot.

The child is cross, obstinate; cannot bear to be washed or bathed. Its face is pale, sunken, with deep and hollow eyes. Dentition is slow; muscles and bones develop very tardily, so that a year-old child looks scarcely larger than a newborn babe. Complains of fatigue every little while; sits bent forward, refuses to stand long, but crawls or runs about.

Calcarea carbonica is very similar. The emaciation is more marked in other than adipose tissue. There are atrophy of muscle, soft bones, retarded teeth, all evidences of defective nutrition, and yet an excess of fat gives a deceptive appearance of plump health. When wasting shows itself in fat too, the body dwindles, the pale skin hangs in folds, but the abdomen seems to remain disproportionately enlarged. Partial sweats are more prominent than in Sulph. The scalp is covered with a cold sweat; the knees are clammy; the feet feel damp and cold. The eruptions, especially crusta lactea, develop on the face, or quickly spread thence; crusts are dry or yield a milk-thick pus. At times they appear isolated and look like chalky masses. Again the eruption forms in rings or spreads like ringworm. The child's scalp seems thin, blue veins show distinctly, and the little one scratches its head on awakening.

The glands are engorged, particularly the mesenteric.

Appetite is voracious, yet emaciation persists. Morbid appetite for indigestible articles of food. The child is thirsty and feverish every afternoon. The stools are green, watery, sour, or pungent, or claylike, and worse in the afternoon; or again creamy, fetid, frequent; urine strong, fetid, clear.

If hydrocephaloid sets in, the child is hot and dry or bathed in cold sweat. The fontanelles are open and sunken; the face is pale and pinched, the child frequently scratches at its head; cries as if hurt when lifted from the cradle. The stools are white and slimy, and the urine is clear, but very strong-smelling, fetid, and is passed with difficulty.

Vomiting is very marked in both remedies, but in the Lime it is principally sour food, lumps of curdled milk; in the Sulphur it is sour, watery, fetid. The differences are only in degree, curdled milk more frequently calling for the Lime.

The child is obstinate, self-willed, cross before stool and faint after. Its face is pale, bloated, or sunken and emaciated, looking like a tiny doll. At other times it is more like Sulph., old and wrinkled and cold. Growth is retarded; the child, though old enough, will not put its feet to the ground. Spine seems weak, it sits stooped. The legs are often curved, and the bones can be bent quite readily. While the Sulphur child dreads washing, the Calcarea patient has less dread, but is made worse by bathing.

The *Calcarea phos.* has numerous similarities with both the foregoing. It is distinguished by the following: complexion is sallow; the whole child is emaciated and poorly developed; the posterior fontanelle is also very large, showing greater nutritive defect than in the Carbonate. The abdomen is shrunken and flabby. The stool is watery, hot; or green, slimy; passed with much offensive flatus. The child is attacked with

pain so soon as it eats. When lifted, breathes short, has an anxious look.

If hydrocephaloid ensues the child is exhausted and limp, its slender neck refuses to support the head, the fingers are all skin and bones. The child craves food, is greedy, like Sulph. and Calc. c., but while the latter longs for eggs, the Calc. phos. craves salt meat, bacon, etc.

The *Calcarea iod.* is to be preferred to other lime salts when the child, though looking plump and healthy, shows well-defined scrofulosis, with thick scabby eruptions, otorrhœa, and engorged glands and enlarged tonsils.

Hepar necessarily resembles both Sulphur and Lime. Under an apparent plumpness, the attentive physician detects that the flesh is flabby, the muscles withered, and digestion weak. The child is intolerant of pressure about the stomach after eating. Food seems to temporarily relieve the debility. If the child were old enough, he would describe the feelings as one of invigoration, like a stimulant in the stomach. The stools are green, watery, undigested, or white, sour-smelling, and painless, and worse during the day.

There is but little tendency to cerebral symptoms. The glands are swollen, and the child is subject to catarrhs from the least draught of cool air. In dry, cold, windy weather croup develops. It has eczema, which is worse in the morning, when it itches, burns, and smarts.

Silicea again changes the picture. The whole body is wasted, while the head is exceedingly large. The face is earthy or waxy-pale and the bones are diseased. Pain in the sternum and lumbar spine; rachitis. The eruptions are prone to ulcerate or suppurate. Small pricks or cuts fester. The toe-nails fester and grow into the flesh. The crusta lactea is moist, oozing, and is worse from scratching. The appetite is often lost, with an especial aversion to the mother's milk, which even if taken is at once vomited. The stools are watery and offensive, or the child is costive. In hydrocephaloid there are rolling of the head, suppressed urine, and great weakness. Electric changes, as an approaching thunder-storm, depress the child and cause extreme prostration.

The child is nervous, irritable, susceptible to mental impressions, however sluggish may be its scrofulous symptoms. It is susceptible and timid. The whole head is covered with a sweat, and the forehead often becomes cold. This, however, is quickly relieved by wrapping the head warmly. Like Sulph., Calc., and Hepar, the skin readily ulcerates and refuses to heal. Hepar is distinguished by the soreness and tenderness of its ulcers and eruptions.

Phosphorus exhibits emaciation combined with nervous debility. Brain and spine have suffered severely. The child is over-tall but is slender, emaciated but big-bellied; face pale, almost waxen. Delicate eyelashes, soft hair, and rapid breathing indicate what belongs to the sequel. Even thus early the diarrhœa is associated with dry cough. The child, however, shows well-marked nervous excitability. He is irascible, vehement, which results in tremor and weakness; he is susceptible to external impressions and so also to electric changes in the atmosphere.

Glandular swellings, suppurations, and caries are similar to those in Silicea. The appetite is good; he craves cold food, cries when he sees ice cream, etc.; often awakens at night, hot and restless, and will drop off at once to sleep if fed. The stools are green, watery, bright yellow, undigested, hot, involuntary, coming out with force, worse mornings. Stools often contain little particles looking like tallow. Vomiting accompanies the diarrhœa; longs for cold water, but ejects it so soon as it becomes warm in the stomach.

Hydrocephaloid may ensue. The face is hippocratic, with sunken eyes, surrounded by blue rings. The tongue is dry; the pulse thready; breathing quick; the child lies half comatose.

Petroleum stands between Sulph. and Phosph. on the one hand and the carbons on the other. It has emaciation, irritability; the child is vehement, susceptible to electric changes (like Phos.), sudden urging in the morning, followed by profuse watery stool (like Sul.), and eczema, excoriations, cracked, bleeding rhagades (like Graph., Carb. veg., etc.). Its individuality, however, is maintained by the periodicity of the diarrhœa, stools only during the day, and by the colic arising from sleep in the morning, relieved by bending double. Hunger after stool. Its gushing stool and eruption make it a concordant of Croton tiglium.

Iodium causes rapid emaciation, even though the appetite is inordinate. The child is restless and continually desires to change position. The face is yellow or brownish and shrunken.

It is especially useful in enlarged mesenteric glands, with the above symptoms and with intolerable irritability; the child will be approached by no one. Glands are swollen and painless; goitre.

Lycopodium produces emaciation. The abdomen is bloated while the limbs are wasted. The face is earthy, with blue rings around the eyes. At other times it is wrinkled. Eruptions are well described. The crusta lactea is thick, cracks and bleeds, and emits a mousy smell. Tendency to capillary bronchitis. The appetite is inordinate, but food soon produces a fulsome feeling, so the child begins hungry enough, but quickly desists, and the abdomen seems distended with much rumbling of wind, especially in the left hypochondrium. The child belches and is soon hungry again. The region of the stomach is distended and intolerant of any pressure, especially after nursing. The urine deposits a red sediment, or is suppressed. Sleep is disturbed by frequent awaking. The child springs up in bed, seemingly frightened, knows no one, pushes every one away angrily. The Lycopodium patient is weak, with well-developed head, but puny, sickly body. When sick the child is irritable, nervous, and unmanageable. After sleep he is cross, kicks, or scratches at any one who approaches him.

Psorinum stands forth as an ally of Sulphur. There are great debility and sweat from any exertion. The skin has the same irremovable odor that so distinguishes Sulphur. The eruptions are well described. Crusta lactea forms on face and scalp, appearing prominently down over either ear and cheek. It exfoliates numerous scales or cracks and discharges a yellow fetid humor. Boils form on the scalp, which looks dirty and emits an offensive odor. The body itches intolerably at night, worse in the warmth of the bed.

The child is pale, sickly, emaciated; nervous, crying out at night as from bad dreams; all medicines fail to relieve. The stool is distinctive, watery, brown or black, horribly offensive, worse by night. The child is worse when the weather changes.

The *Antimonies* have place here by reason of their resemblance to Sulphur, and because they are well adapted to scrofula, diarrhœa, etc. The child may look fleshy and well, but is subject to gastric catarrh. The eruptions are pustular (especialy in the tartrate); or develop thick horny crusts (crudum). In the latter drug we find the nostrils and corners of the mouth covered with crusts which crack and bleed.

The tongue in *Antim. crud.* is white; the babe vomits sour curdled milk as soon as it takes the bottle. Vomiting of food or drink as soon as taken. After nursing the bowels move. Stools watery, containing fecal lumps,

or costive, the stools being white, dry, irregular, or hard lumps of curd; marasmus.

The *Antim. tart.* patient has nausea and retching, with vomiting, sweat on the forehead, afterwards languor, sleep. The stools are brown-yellow, fecal, watery, profuse, with sharp cutting colic. There are frequent jerks of the limbs during sleep.

In temperament the antimonies display marked irritability; the child will be neither touched nor looked at.

Antim. crud. is adapted to complaints arising from the heat of summer. While in Sulphur all bathing aggravates, in Antim. crud. it is particularly cold bathing which cannot be borne.

The gastric symptoms and intolerance of summer-heat place Antim. crud. with Bryonia; but the tartrate favors more Veratrum album (see *Bell on Diarrhœa*).

Borax, reserved from the nurses, who gave it no higher function than that of a wash for excoriated nipples or infant's sore mouth, takes a useful place in our list of remedies.

The child grows pale, relaxed, flabby, cries, loathes the breast, and falls into a heavy sleep. The head and palms of the hands are hot, the face is pale, clay-colored. Inpaired nutrition is shown in the hot mouth and aphthæ on the tongue and cheeks, bleeding when rubbed. When awake or not sound asleep, the child is nervous, startled by sudden noises, as thunder, distant cannon-firing, etc. When rocked or lowered into its bed it screams as if affrighted. It can bear no downward motion. Every attempt to nurse causes screaming. The stools are light yellow, slimy, green, consist of small pieces of yellow fæces, or are painless and as if fermented, thin, brown, smelling like carrion.

Dr. Bell, in his oft-quoted monograph, refers to the danger of mistaking Borax for Bellad. Both have screaming out and starting from sleep with tossing about, clinging to those near, etc.; but only Borax has the fear of downward motion and the aphthous mouth.

Sepia bears some resemblance to Borax, as indeed it does to all soda compounds. The child wastes rapidly, eyes are sunken, palms and soles burning hot. During dentition the child cannot take any milk, especially if boiled. The stools are green and painless; the child awakens frequently, especially wakeful after 3 A.M. Possibly suitable to females. Moist scabs on the scalp; forehead rough.

Sarsaparilla is of service in those cases in which the child soon wastes away and looks withered like an old man and the skin hangs in folds. Eruptions are prone to appear in the spring, their bases are inflamed, the crusts detach readily out of doors, and the adjoining skin becomes chapped. On the forehead the crusta lactea is thick, becoming moist when scratched. Herpes and offensive sweat about the genitals, as in children of sycotic parents.

The child becomes very restless and uneasy, screams before passing water, afterwards the diaper is covered with a white sand.

The stool is accompanied by much flatus, and is often followed by fainting.

Graphites is selected by its skin symptoms principally. Like in all carbons, the discharges are apt to be offensive. Thus, breath, stools, urine, sweat, are all offensive. The diarrhœa is brown, thin, fetid, mixed, containing half-digested food, or watery and scalding, or composed of white mucus, which also coats what fecal matter passes.

The child is impertinent and laughs at reprimands. It has a harsh rough skin, disposed to chafing. Eczema capitis forms thick dirty crusts, which ooze a glutinous humor, matting the hair. The eyelids thicken,

their tarsi thicken, crack, and bleed ; crusts form in the nose, with soreness and oozing; a gluey discharge oozes from a raw surface behind the ears. The groins become sore and the inguinal glands swollen. Best adapted to fair plump children who look like the typical Calcarea child but with well-marked skin symptoms.

Carbo veg. is generally called for late in the disease, when the vital powers are failing and there is little or no reaction to well-chosen medicines. The skin is cold, pale, or blue, the face having a greenish hue. The feet and legs to the knees are as cold as death. The child may have an anxious look, but it is too lifeless to move or exhibit much restlessness. The breath may be cold and the pulse weak and rapid. The stools are dark, thin, and cadaverous-smelling. Useful too in protracted sultry weather, when the days are hot and damp.

Arsenic steps in here as a worthy concordant of Carbo veg. The skin is dry, parchment-like ; the face is sunken, pale, or earthy, and expressive of deepseated distress. When eruptions are present the crusts are thick, on an angry, excoriated surface, or dry, forming branlike scales. As the child grows weaker the eruption assumes a darker hue, and intertrigo may look even purple. Arsenic develops a perfect picture of gastritis, acute and subacute. Food and drink cause instant vomiting and diarrhœa. The constant burning thirst demands iced drinks, ice, etc., but they invariably cause distress in the stomach, making the child writhe in agony until they are ejected.

The stools green, slimy, bloody, dark, watery, undigested, excoriating, and intolerably offensive. The urine may be suppressed, and the child lies in a stupor, hot and twitching. When aroused he is restless, demanding frequent change of position. On awaking he is cross and violent, his pinched features looking more hideous as he contracts the muscles and draws the lips more tightly over the gums. The tendency is surely deathward ; but in some cases, when the symptoms appear more slowly, emaciation follows, but dropsy and great debility set in. The child looks like a living skeleton, cannot be raised from its pillow, vomits its food, and purges when given drink.

Arsenic is adapted to such mummified cases, to bottle-fed babies, and to rapid decline, suddenly appearing in chronic cases.

When the symptoms rather favor Sulphur, *Arsenicum sulph. flav.* may be substituted. Stools green, slimy, watery, and offensive, worse during the day, while it is well known the *Arsenicum alb.* has diarrhœa worse at night after 12 P.M. When the glands are engorged with the usual Arsenic symptoms *Arsenicum iodatum* may be substituted.

Argentum nitricum is adapted to emaciated children who look old, yellow, and wrinkled. The face is pale, sunken, the weakness is so great that every motion is attended with trembling. This exhaustion is the result of rapid loss of fluids, as in cholera infantum, or of long-protracted diarrhœa and defective nourishment. The gastro-enteric symptoms, which indicate it in marasmus, are somewhat akin to those of Arsenic; but the inflammation is less intense, while the paresis is more marked in the Silver. Thus with anæmia, weakness, and emaciation, it is noticed that fluids taken seem to gurgle through at once. Also diarrhœa of green fetid mucus, with noisy emission of flatus at night. Child craves sweets, yet they aggravate the trouble.

Natrum muriaticum is to be preferred when the child is emaciated, notwithstanding it has a good appetite. The tongue is mapped, and vesicles or herpes form about the mouth. The wasting is especially marked about the neck. (Compare Verat. alb.)

In one case a child who, though old enough, could not talk, was cured

with salt. The defect here was not paralysis, but arose from imperfect development of the muscles of the tongue and larynx. So, similarly, Natrum mur. may be used internally and topically for weak ankles in children; they stumble, or their feet turn under them. Salt here compares with Causticum, Sulphuric acid, etc., which, *cæteris paribus*, may relieve weak ankles.

Causticum is adapted to children who grow tardily, and who seem to suffer from a sort of paresis. The abdomen is swollen and hard, but the body is wasted and the feet are diminutive. They walk unsteadily and fall easily. This arises not only from weak ankles, but from weakness of brain also. Such children are timid, fear going to bed in the dark, and have a weak memory. They also have intertrigo during dentition, and eczema on the occiput.

Baryta is very similar to Causticum in mental weakness, timidity, and slowness in learning to walk. Both, also, have an eruption chiefly on the occiput. But in Baryta the brain may be actually undeveloped, as in the sclerosis of infants. The child is dwarfish; it does not want to play, but sits idly in a corner. It cannot be taught, for it cannot remember. The face is red, the abdomen bloated, the rest of the body being wasted; stools imperfectly digested, loose and pappy, or hard and dry. Glands are enlarged, especially the cervical and the tonsils. Child wants to eat all the time, but is averse to sweet things and fruits. A little food satiates.

Phosphoric acid necessarily favors the Phosphor , but the child is apt to be listless and indifferent rather than oversensitive. The abdomen is swollen, and, if diarrhœa is present, there is much fermentation in the bowels. The diarrhœa, though long-lasting, does not proportionably weaken.

Sulphuric acid cures marasmus with restless, nervous, weakly children. They do everything hurriedly, and yet without vim. The eruption, similar to Sulphur, is associated with bright-yellow mucous stools, which are stringy or chopped. In addition there is generally aphthous sore mouth, yellow and painful.

Natrum sulphuricum is to be chosen when a sycotic constitution is inherited; when the abdomen is bloated, with much rumbling of wind, and when the stool is watery, yellow, gushing, coming on so soon as the child begins to move in the morning. (Resembling, here, Bryonia.)

Complaints from living in damp dwelling. Of the remaining soda preparation, *Natrum phosphoricum*, we have sufficient knowledge to prescribe it in the marasmus of children who are bottle-fed. Abdomen swollen; liver large; colic after eating; stools containing undigested food.

The *Magnesia salts*, so abused in allopathy, are certainly neglected by homœopathy. They correspond to forms of marasmus which seem to depend upon defective digestion. In *Magnesia carb.* we find emaciation, swelling of the glands, abdomen bloated and heavy. The child suffers from griping pains, colic, followed by green, watery, sour diarrhœa. At other times the stool, if it stands, forms a green scum resembling that on a frog-pond.

In *Magnesia mur.* the child suffers from ozœna; the discharge is acrid, and the nose obstructed at night; scurf in the nostrils, the alæ and point being red and swollen. The stomach is bloated, and the stools are in large hard lumps, or crumble as they pass the anus. Such a child is puny, rachitic, or has an enlarged liver. The glands are swollen, and, like in Silicea, sweat of head and feet accompany all the symptoms.

The Magnesia carb. most resembles Colocynth (colic), Rheum (sour diarrhœa and griping), and Chamom. (green, yellow stools, with colic).

Dr. Clifton confirmed many of the above symptoms of Magnesia mur.

Conium has been of use when the abdomen is hard and distended; frequent sour stools, undigested. The effort at stool causes great weakness.

Gettysburg water has proved efficacious in affections of the joints and bones. Hip-disease, Pott's disease, with ulceration, the discharge being thin, watery, and offensive. The child suffers from diarrhœa, worse at every change in the weather. (Introduced by Dr. Macfarlan.)

Lithium carb., to which the Gettysburg water chiefly owes its efficacy, may be successfully used when the child has a rough, harsh skin; milk crust; ringworm, itching violently. The skin is seldom moist, being generally harsh and dry The nose is swollen, internally sore and dry, with shining crusts in the nostrils. The diarrhœa is light yellow, fecal in the morning and offensive at night; worse after fruit.

Staphisagria is too often forgotten. It resembles Coloc., Chamom , and Merc. The child has a humid, fetid eruption; scratching changes the place of the itching, and increases the oozing. The face is sunken, the nose pointed, and blue rings encircle the eyes. The teeth, as they appear, soon turn dark or crumble. The mouth is aphthous, the gums appearing pale, spongy and bleeding when touched. Nostrils sore with the catarrh; eyelids and corners of mouth ulcerated. Fetid nightsweat. The abdomen is swollen. Colic after the least food or drink. Stools hot, smelling like rotten eggs, or dysenteric. The child is irritable, asks for things, and then indignantly pushes them away.

Viola tricolor certainly leads the list when crusta lactea is the most prominent feature of the case. The incrustations are thick, and discharge copiously a thick, yellow, purulent matter. The child cannot sleep because of the irritation. The urine is profuse, and has an odor like that of cats. During sleep the hands twitch, the thumbs are clenched, the face is red, and the whole body hot and dry.

Hydrastis, though not known to be an antipsoric, is introduced to show its value in excoriations in the groins, as confirmed by Anna E. Griffith, M.D.

In addition, it may probably suit when the following symptoms are present, though as yet clinical confirmation is absent. Eczema on the forehead at the border of the hair, oozing after washing. Thick mucous discharges (more excoriating than the botanically related Pulsat). Marasmus; great debility, faintness at the stomach; aphthæ of weakly children; tongue swollen, shows marks of the teeth, or appears raw, dark red, with raised papillæ.

Nitric acid is called for in weakly children, after abuse of Calomel, or who have inherited syphilis. The child is wasted, sallow, weak. The upper arms and thighs in particular are emaciated. There are aphthous ulcers in the mouth, with putrid breath. This acid attacks prominently mucous outlets; so we are apt to find ulcers or blisters about the mouth; soreness and rawness at the anus, etc. The diarrhœa consists of green mucus, sometimes fetid and undigested, and is worse in the morning. Stool followed by great exhaustion. Glands enlarged. Sometimes indicated for Calcarea patient, when debility and wasting persist despite the use of Lime.

Muriatic acid stands between Phos. acid and Nitric acid. Like the former there is present taciturnity; the child is too listless to move or take notice. Like the latter there are aphthæ in the mouth. The child has become exhausted from frequent vomiting and diarrhœa, and the stom-

ach has become so weak it will no longer tolerate or digest food. This gastric atony is most marked about 10 to 11 A.M. The tongue is shrivelled and dry as leather, or covered with deep-bluish ulcers, having black bases; breath fetid; salivary glands tender, swollen. Stool involuntary when passing urine, followed by protrusion of purplish, extremely sensitive piles; prolapus ani during urination. Also useful in muscular debility following abuse of opiates, soothing syrups, etc.

Theridion, recommended by Baruch for scrofulosis, has proved of great value in infantile atrophy, caries of the bones, rachitis, scrofulous enlargement of the glands, especially after the failure of Sulphur, Calcarea, and Lycopodium.

Ozone.—In some cases in which the symptoms clearly indicate Sulphur, but that remedy fails, ozonized water cures. The symptoms from provings are all but identical with Sulphur. In one case a hip-disease which defied the latter remedy was cured by ozone water, three teaspoons daily.

Pinus sylvestris has been recommended for rachitis, when children, from weakness in the knees, do not learn to walk.

Oleum jecoris aselli, according to the provings, corresponds to atrophy of infants. It resembles Phosphor. and Iodium, and especially Calc. phos. The child is emaciated, with hot hands and head. Constant tendency to catarrhs. Bones affected; rachitis. Fever at night, with sweat, mostly on the head, neck, and hands. Cannot take milk. Vivid dreams; restless and feverish at night.

Hypophosphite of lime, when the child from excessive and protracted loss of fluids, as from long-lasting diarrhœa, chronic suppuration, etc., is reduced almost to a skeleton. Face wan, pale. Abdomen bloated. Limbs habitually cold. At times the pale face flushes, the head becomes hot, and the child nervous and excitable. Debility, with copious exhausting sweats. (Compare Cinchon, Phos., Calc. c., Phos. acid, etc.)

Cistus canadensis has hot, gray-yellow, spirting stools; worse after fruit, and from 12 P.M. until noon. The glands, especially the cervical, are swollen or suppurating. All symptoms worse in wet weather. Tetter on and around the ears. Caries; indicated in thin scrawny children, of a well-described scrofulous diathesis.

Arum triphyllum, though not well defined as a remedy in diarrhœa, becomes indispensable in some cases (especially after scarlatina), with boring in the nose, picking at one spot; restless tossing; irritability; mouth and nose sore, raw; alæ and corners of mouth cracked and bleeding; putrid odor from the mouth.

Mercurius has many similarities with atrophy of infants, but must be used with some reservation, as relapses often follow its administration. It is, however, admirably adapted as an intercurrent when Sulphur ceases to improve. Its distinctive symptoms are: emaciation; skin dry, rough, dirty yellow, or clammy, especially that of the thighs; icy-cold sweat on the forehead, sour or oily sweat on the scalp; eruption like herpes, but soon becoming pustular or suppurating; glands swollen and suppurating; skin chaps easily, becomes raw and sore; thirst; frequent attacks of jaundice; skin yellow; abdomen and right hypochondrium swollen and sore to pressure; stool green, sour, watery, with emaciation; diarrhœa, bloody, slimy, or green, with tenesmus often continuing after stool. In this latter symptom Mercury exhibits more constancy than in any other. It is often associated with colic, as from cold or indigestion. Prolapsus ani after stool, the tumor being dark red and sometimes bloody. Genitals become sore and excoriated; urine causes pain; child pulls at the penis. The child is pale, weak and obtuse, or precocious and restless. In the evening it becomes anxious, restless; face becomes hot and red; speech is hurried, all reminding one of Bella-

donna. The fountanelles are open, the head large and covered with an offensive sweat. The gums are soft and bleed easily. Ophthalmia is common, with suppuration, especially when the lids are involved—all worse from the heat of the fire. Sour night-sweats. It is rather inimical to Silicea, and must be carefully differentiated.

Part II.

Repertory of Prominent Symptoms.

(Including some additional symptoms and remedies.)

1. Child sad: *Hepar*, *Causticum* (cries at the least thing), *Lycop.*, *Natrum mur.* (cries if spoken to), Sulph., Viola tricolor, Psorin., Calc. carb. (cries persistently), Graph., Kali c. (moans, 3 A.M.), *Borax* (cries when nursed or rocked).

2. Child afraid, full of fear: *Carb. veg.* (of ghosts), *Caustic* (of ghosts, of strangers), *Baryta* (of strangers, timid), *Borax* (of being rocked, of downward motion, of noises, as thunder, cannonading, etc., starts from noises, clings to those near), *Mercur.* (restless, full of fear in the evening).

3. Child apathetic, indifferent: *Phos.* (cares for nothing, is restless), *Phos. ac.* (wants nothing, listless), *Lycop.* (loses its wonted brightness and becomes quiet), *Baryta* (sits idly in a corner, cannot bear to read), Mercur. (indifferent, stupid).

4. Excitable, anxious: Phos., Petroleum, Silicea, Merc., Sulph., Sulph. acid, Borax, Kali carb., Magnes. carb., Psorin.

5. Child irritable: *Sulph.* (and hasty, hard to manage), *Calc. phos.* (and perverse, peevish), *Antim. crud.* (and will not be looked at), *Arsenic* (becomes unmanageably angry, will not be spoken to, more so on awaking), *Calc. carb.* (and self-willed, cross before stool, also in afternoon, pupils enlarged), Carb. veg. (strikes, bites, kicks, anxious), *Lycop.* (a mild child suddenly becomes refractory, cross, frightened, kicks on awaking, especially cross when trying to urinate, red sediment), [Kali carb., easily startled by noises, awakens cross, strikes, wants now this, now that], *Phos.* (and restless at twilight, anger makes child worse), *Ant. tart.* (anger causes cough, will not be touched or looked at), *Borax* (startled by least noise), *Staphis* (cries for things, which received, he throws away), *Iodium* (especially with enlarged mesenteric glands), *Silicea* (and nervous, timid), *Petroleum* (easily angered), *Psorinum* (nervous, cries out at night), *Sepia*, *Sarsap.* (restless, screams on urinating), *Graphites* (laughs at reprimands), *Natrum mur.* (cries if spoken to), *Sulph. acid* (restless, hasty, nervous, and weak), [*Zincum*, brain affected], *Arum tri.* (restless, irritable, caused by sore mouth, etc), Mercur.

6. Large head, sweating, placid expression, mild eyes, want of power to support itself (typical of rachitis): *Silicea*, *Calc. phos.*, *Calc. carb.*, Mercur.

7. Child precocious (uncommon in tuberculosis): *Calc. c.*, *Sulph.*, *Phos.*, *Lycop.* (mind active, body frail), *Mercur.*

8. Delirious, restless: *Arsenic* (tosses about, strikes its head with its fists), *Argent. nitric.* (especially before and between convulsions) *Lycop.* (4–8 P.M., also awakens as if terrified, screams knows no one), *Psorin.* (awakens terrified), *Sulph.* (screams on awaking, becomes restless, cries at night, starts from sleep with screams), *Borax* (starts from sleep with anxious screams, throws hands about), *Kali carb.* (awakens cross and screaming, anxious, reaches for things, startled at slight noises; worse after 12 P.M., generally about 3 A.M.), *Calc. carb.* (restless, cries out at night, makes an anxious face when lifted from the cradle, face pale), Calc.

phos. (restless, grasps with the hands, anxious face, difficult respiration when raised in the arms), Oleum jecoris (restless and feverish at night, hot hands), [Zinc., on awaking screams, knows no one, brain affected], Arum tri. (bores the nose etc.).

9. Stupor, coma, or drowsiness: [*Apis*], *Sulph.* (lies in a stupor), *Calc. phos.* (exhausted, limp, drowsy), *Calc. c.* (drowsy, pale, scratches its head when aroused), *Phos.* (comatose, wasted, pulse thready, cold), *Lycop.* (sleeps profoundly, lower jaw dropped, rattling breathing, eyes dull), *Antim. crud.* (drowsy all the forenoon), *Ant. tart.* (drowsy, sleepy, rattling breathing, cyanotic), *Borax* (falls into a heavy sleep), Sepia (drowsy by day, sleepless after 3 A.M.), *Carb. veg.* (lies as if dead, cold, blue, pulseless), *Arsenic* (lies comatose, twitches, hot, restless, as if disturbed), *Phos acid* (listless, drowsy, but easily awakened), Muriatic acid (in a restless, moaning sleep, slides down in bed during sleep, sudden red face with coma). [*Zinc.*, occiput hot, face pale, rolls head, hydrocephaloid].

10. Hydrocephaloid: *Sulph.*, *Calc. c.*, *Calc. phos.*, *Phos.*, *Arsenic.*, Silicea, Lycop [*Zinc.*], [*Apis*], [*Cinchon.*, prostration which precedes].

11. Fontanelles remain open: *Sulph.*, *Calc. carb.* (sweat on the scalp), *Calc. phos.* (especially posterior font.), *Calc. iod.*, Silicea (head very large, whole head sweats), Sepia (jerks head backwards and forwards), *Mercur.* [*Puls.*].

12. Face: *Sulph.:* pale, cold sweat on forehead (hydrocephaloid); sunken, with deep hollow eyes, red, old-looking, wrinkled, spotted red. *Calc carb.:* pale, watery, chalklike, red at times, sunken, pale, pinched, veins show through the face and scalp (sweat). *Calc. phos.:* sallow, sunken, blue around the eyes (hydrocephaloid). *Silicea:* earthy, waxen, sweaty. *Phos.:* hippocratic (hydrocephaloid), blue around the eyes, red cheeks, circumscribed, emaciated, with soft hair, delicate lashes, changing color. *Iodium:* yellow, brownish, or sunken. *Lycop:* earthy, blue around eyes, wrinkles, one cheek red after eating, sweat. *Psorinum:* pale, sickly, emaciated. *Borax:* pale flabby skin, sallow. Sepia: pale or sallow, sunken, yellow about mouth, yellow saddle across nose. *Sarsap.:* yellow, wrinkled, old-looking. *Carbo veg.:* anxious look, pale earthy hue, green, covered with cold sweat. *Arsenic:* hippocratic, waxen, sallow, skin drawn tightly over bones, green, cold sweat. *Argent. nitric.:* old, wrinkled, yellow or brown *Natrum mur.:* pale, shining, greasy. *Causticum:* yellow, especially about the temples, distorted. *Baryta:* stupid silly look. *Phos. acid:* pale, blue around eyes, hippocratic. *Magnes. carb.:* red after meals. Magnes. mur.: pale, yellow (from the liver). *Conium:* pale, yellow. *Staphis:* pale, sunken, sickly, dark around the eyes. *Nitric acid:* pale, eyes sunken, dark-yellow about the eyes, cheeks sometimes red, bloated around the eyes on awaking early. *Muriatic acid:* suddenly red, pale, sunken with the exhaustion. Hypophosphite of lime: wan, pale. *Zincum:* pale, now and then red. *Mercurius:* pale, yellow, at times red.

13 Eyes, ears, nose. Tarsi thickened: *Graph.* (and raw and cracked), *Staphis.*, *Borax*, Antim c. (canthi raw).

Styes: Sulph., Lycop., Hepar, *Silicea*, *Staphis.* (hardened), *Graph.* [*Pulsat.*], Mercur.

Ophthalmia scrofulosa: *Sulph.*, *Calc. carb.*, Hepar, *Nitric acid*, *Silicea*, [Phosph.], *Argent. nitric.* (much pus, granular lids), Borax, Graph., *Arsenic*, *Natrum mur.* (pus, spasm of lids), *Conium* (disproportionate photophobia), Lycopod. (bland pus), Psorin., *Mercur.*

Otorrhœa: *Sulph.*, *Calc. carb*, Calc. iod., Calc. phos., *Graph.*, *Lycopod.* [Kali carb, thin yellow cerumen], *Arsenic*, Ars. iod., Cistus c., *Carbo veg.*, *Psorin.*, *Nitric acid*, *Silicea*, *Borax*, Hepar, Baryta c., *Mercur.*

Scrofulous catarrh: *Sulph.*, *Calc. carb.*, Calc. phos., *Arsenic* (every winter, thick yellow), *Arsenic iod.* (glands swollen), *Hepar* (worse at every exposure), *Graph.*, *Lycopod.* (thick, purulent, nose stuffed up), *Nitric acid* (ulcers bloody), *Silicea* (ulcers bloody), *Phosph.*, Baryta c., Muriatic acid (thin, excoriating, nosebleed), *Iodium* (hot, watery, at every cold; glands swollen), Hydras., Psorin. [*Kaolin*, scabs in the nose, bleeding, nose sensitive], *Mercur.* (recurs at every damp change of weather), [*Stillingia*, excoriating, syphilitic, similar to Kali hyd.].

14. Eruption like milk crust: *Viola tri.* (thick, pours out yellow pus, mats hair), *Sulph.* (head and face bleeds easily; thick pus), *Calc. carb.* (spreads to face; thick mild pus; at times in isolated spots and white), Calc. phos., *Hepar* (after salves; itches mornings), *Silicea* (more back of head; pustules), Phosph., *Lycop.* (thick, offensive, angry, oozes pus, worse on occiput). Sepia, *Sarsap.* (worse out of doors; pus spreads the eruption), *Graph.* (sticky), Carbo veg., *Arsenic* (angry excoriating discharge; branlike on forehead), Hydras. (forehead), Argent. nitric. (nape of neck), *Natrum mur.* (nape of neck, impetiginoid), Causticum, Baryta c., Sulph. acid (with stringy stools) *Lith. carb.* (skin dry, harsh, itching), *Staphis.* (humid, fetid, occiput and behind ears), *Psorin.* (down over ears, temples and cheeks; moist, fetid, or scaly), *Petroleum* (eczematous, purulent, cracking), *Ant. c.* (hard thick crusts), Conium, Cistus c., *Arum tri.* (corners of mouth sore, cracked, bleeding; alæ nasi bleeding), Mercur. (herpes, becoming scaly; pustules; eruption worse in warmth of bed), [Stillingia, moist, brown, excoriating, on the scalp].

15. Aphthæ, Stomacace: *Borax* (mouth hot, mucous surface of palate shrivelled; child cries when nursing; red blisters on tongue), *Nitric acid* (offensive ulcers, yellow ulcers, blisters on lips, salivation, gums sore, etc.), *Muriatic acid* (very weak, deep-blue ulcers, etc.), *Sulphuric acid* (whitish ulcers, ptyalism, easily bleeding gums, ecchymoses), *Sulphur* (sour fetid smell; gums bleed; blisters and vesicles; saliva mixed with blood; excoriated about the anus, etc.), *Carbo veg.* (gums recede and bleed easily, oozing of blood, mouth hot, bloody saliva, edges of gums yellow, indented), *Natrum mur.* (blisters in and around the mouth, scorbutic gums), Calc. carb. (dry mouth alternating with salivation, constitution agreeing), [Bryonia, beginning, mouth dry so the child cannot nurse until it is moistened], *Staphis.* (gums ulcerated, spongy, white, receding, bleed easily; blisters; child weak, sickly; sunken eyes and surrounded by blue rings; cervical glands swollen, etc.), Sepia, Hydrastis (tenacious mucus hangs in shreds from the mouth; tongue red, raw, blistered; weak children; eczema on forehead at margin of hair, worse from being washed; bloody purulent mucus from the nose), *Arsenic* (ulcers or blisters turn livid or black, ptyalism, restlessness and great exhaustion), [*Kali chlor.*, with extreme fetor, follicular stomatitis], Conium (grayish ashy hue to ulcers; gangrene); *Arum tri.* (great swelling of lining membrane and tongue; will not or cannot open the mouth; mouth raw, burning, bleeding; putrid odor; lips as if scalded; lips and nose chapped and bleeding; picks the nose or lips), [*Lachesis*, ulcers bluish, fluids return through the nose; can bear no clothing to touch the face or neck, etc.], [Ranunc. scel., tongue looks as if covered with "islands"], Ammon. carb. (tonsils large, bluish; mouth raw; nose stopped up, arousing the child at night) [*Apis*, rosy-red mouth and fauces; mucous surface swollen; tongue swollen and studded with small blisters; also in clusters on the tongue or along its border; slight thirst], [Baptisia, gums ooze blood and look dark, purplish, fetid odor; tongue brown; great exhaustion; can swallow only fluids], [*Capsicum*, suitable to fat, but flabby, sluggish children; small burning blisters in the mouth, having a carrion-like odor],

Mercur. (scorbutic gums; saliva copious, offensive, bloody; ulcers with bases like lard; glands swollen; diarrhœa with tenesmus), Hepar (white aphthous pustules on the inside of lips and cheeks and on the tongue), [Salicylic acid, mouth dotted with white patches; burning, scalded feeling; ulcers on the tip of the tongue; many cases], [*Kali bichr.*, aphthous ulcers eating deeply; stringy mucus in mouth and throat; nasal catarrh], *Iodium* (aphthous eruption in the mouth; offensive odor; copious saliva; nasal catarrh, thin, excoriating), [Mercur. corros., mouth terribly swollen; lips swollen and everted; ptyalism; nose sore and stuffed up with a gluey secretion].

16. Tonsils enlarged: *Baryta*, *Calc. iod.*, *Iodium*, *Lycopod.*, Arsen. iod., Calc. carb., Hepar, Nitric acid, Sulph., Mercur., etc.

17 Goitre: *Iodium*, *Spongia*, [Calc. fluor.], Calc iod., Calc. carb., Hepar, Conium [Lapis alba], [Kali hyd], Lycopod., Natrum mur., Causticum [Apis], Sulph.

18. Appetite, hunger: *Sulph.* (weak and hungry 10 to 11 A.M., also at night, grasps at everything and thrusts it into the mouth), *Calc. carb.* (craves eggs), *Calc. phos.* (craves bacon, etc.), *Silicea* (no appetite, or voracious hunger, but on attempting to eat, loses all desire), *Phosph.* (even at night craves cold food), Petroleum (after stool), *Iodium* (very restless if hungry; appetite excessive; better while eating), *Hepar* (child seems stronger just after eating), *Lycopod.* (inordinate, but soon surfeited), *Psorin.* (even at night), *Graph.*, *Baryta* (constant desire to eat, but averse to sweets), *Argent. nitric.* (wants sweets, but they disagree), Natrum phos., *Staphis.*, *Natrum mur.* [*Zinc.*]

19. Thirst: *Calc. c.* (especially P M., and night), *Sulph.* (much thirst, but no appetite), *Arsenic* (burning, unquenchable, or little and often), Carbo veg., Nitric acid, Natrum mur., *Phosph.* (for cold drinks), Phos. acid (for something refreshing), *Silicea*, *Mercur.*, etc.

20. Vomiting: *Sulph.* (chronic), *Calc. carb.* (curdled, sour milk), *Silicea*, *Arsenic*, *Phosph.* [*Calc. acetica*], *Antim. crud.*, *Ant. tart.* [*Æthusa*, vomits green curd, exhausted afterwards], [*Kreos.*, even hours after nursing; stomach so weak it will tolerate no kind of food].

21. Eating, cries as soon as he eats: Arsenic, Calc. phos., Sulph., Staphis., etc.

Eating or nursing causes diarrhœa: *Arsenic*, *Argent nitric.*, *Croton tig.*, *Staphis*, *Phosph.*, Phos. acid, Sulph., Lycopod., Sulph. acid, Carbo veg. [Cinchona, Ferrum].

Fruit provokes diarrhœa: *Arsenic*, Lith. carb., Magnesia carb., Sulph., Muriatic acid, Kali carb., Cistus can. [Laches.].

Milk disagrees: *Sulph.* (passed undigested, vomited, causes colic), *Calc. carb.* (vomited in sour lumps, passed in white curds), *Magnes. carb.* (colic, indigestion, sour, white and green stools), *Antim. crud.* (vomited or passed undigested), *Sepia* (also if boiled), *Arsenic*, *Carbo veg.* (abdomen swollen) [*Kali carb.*], *Nitric acid* (will not digest), Silicea (vomits mother's milk), Conium, (abdomen inflated).

Worse from bottle-food—from artificial foods: *Arsenic*, Sulph., Lycopod., Calc. c., Calc. phos., *Magnes. carb.*, Natrum phos.

Worse from fresh meat *Causticum.*

Worse from smoked meat: *Calc. carb.*

Better from ham, Bacon, etc.: *Calc phos.*

Worse from eating potatoes: *Alumina*, Sepia.

Worse from cold water: *Arsen.*, Lycop., Sulph., Carbo veg.

Worse from sweets: *Argent. nitric.*, Zinc., Calc. c.

22. Abdomen swollen: *Sulph.*, *Calc carb.*, *Phosph.*, *Lycopod.*, Graphit., Causticum, Arsenic, *Baryta carb.*, *Staphis.*, *Magnes. mur.* (from enlarged

liver), Natrum sulph. (from flatus), Conium (hard and distended), Phos. acid (with gurgling, rumbling flatus), *Merc.* (swollen especially about liver with sensitiveness), [Stillingia].

23. Remedies known to have enlarged mesenteric glands: *Sulph.*, *Calc. carb.*, Calc. iod., *Iodium* [Conium], [Silicea], [Baryta c.], [Arsenic]. Probably we may include: Hepar, Phosph., Graphites [Natrum phos.], Staphis.

24. Fatty degeneration of the liver (common in tuberculosis): *Phosph.* [*Aurum*, with caries of bones or syphilis], *Arsenic*, Silicea.

25. Enlarged liver: *Sulph.*, Magnes. carb., *Magnes mur.*, Mercur., *Lycopod.* [*Nux. vom.*], *Sepia*, Silicea [*Chelid.*], [*Teucr.*], [*Leptand*].

26. Diarrhœa. Undigested: *Sulph.*, *Calc. c.* (contains curdled milk), *Graph.* (thin, brown, half-digested and fetid), Calc. phos. (and hot), *Phosph.* (with great exhaustion), *Phos. ac.* (without much exhaustion), Hepar (and sour, white or green), *Antim crud.* (hard lumps of curdled milk), *Arsenic* (at once when eating), *Argent. nitric.* (on eating and at night, gurgling through), Baryta carb., Natrum phos. (bottle-fed), Conium (and sour).

Watery: *Sulph.* (sudden urging), Calc. *c.*, *Calc. phos.* (and hot), *Phosph.* (white), *Psorin.* (and black, offensive at night), *Antim. crud.* (and containing fecal lumps), Ant. tart. (and profuse), *Graph.* (and half-digested), *Carbo veg.* (rather a dark, thin, fecal diarrhœa, very offensive), *Arsenic* (brown or black, with restlessness and anguish), *Phos. acid* (like Phos., but with much gurgling in abdomen), *Sulph. acid* (with irritability and weakness), *Magnes. carb.* (green, sour, frothy), *Natrum. sulph.* (yellow), Nitric acid (yellow, white), *Merc.* (green, watery, sour).

Smell: *Sulph.* (sour, fetid), *Calc. carb.* (like rotten eggs, pungent, sour), *Calc. phos.* (with offensive flatus), Phosph. (sour), *Hepar* (sour, like rotten cheese), *Argent. nitric.* (fetid), *Arsenic* (like carrion), *Iodium. Graphit.*, Lycopod., Sepia, *Psorin.*, Lith. carb., Sulph. ac., *Carbo veg.* (putrid, offensive), Silicea (small, liquid, putrid), Borax (like carrion), Staphis. (like rotten eggs).

Purulent: *Arsenic*, Iodium, Calc. c., Kali c., *Lycop.*, *Sulph.*, Sep., *Silicea.*

Mucous: *Sulph.* (with fever), *Sulph. acid* (chopped, stringy, frothy), *Phosph.* (white, granular), *Borax*, (yellow), Silicea (and fæces), *Graph.* (coated fæces), Calc. carb. (green), *Sepia* (green), *Calc. phos.* (green, slimy), *Magnes. carb.* (green, like scum in frog-pond), *Argent. nitric.* (green at night, with much flatus), Arsenic (brown), *Iodium* (frothy), Ars. sulph. flav. (green, slimy, offensive), Nitric acid (green, fetid), *Merc.* (green, with tenesmus), [Stillingia, and white, pasty].

With much flatus: *Argent. nitric.* (at night), *Calc. phos.* (fetid), Carbo veg. (putrid), Sarsap. (with much flatus; faint afterwards), *Natrum sulph.*, *Sulph.*

Bloody: *Sulph.* (in streaks), Argent. nitric., Arsenic, *Phosph.*, Sep., Silicea, *Mercur.*

Bilious: *Arsenic*, Sulph. (Ars. sul. rub.), Phosph. (golden), *Mercur.* (green).

White: Calc. carb., Hydras. (chalklike), *Hepar*, Ant. crud., Phosph. (grains), Magn. carb. (like tallow), Kali carb. (gray, fecal), Lycopod. (pale, fecal), [Stillingia].

Diarrhœa with excoriation or redness of the anus: *Sulph.*, *Arsenic*, Phosph., *Graphites*, Antim. crud., Staphis. [Natrum mur.], *Mercur.*

27. Stools costive: Sulph., Lycop., Magnes. mur. (crumbling as they pass), Ant. crud (hard white lumps), Graph. (mucus-coated), Calc. carb. (claylike, gray, fecal), Calc. phos. (hard, causing great depression),

Causticum (urging causes red face), Hepar (hard, difficult, often with eruption in bends of joints), Silicea (more than diarrhœic; rectum inactive, spine weak, stool slips back).

28. Alternately costive and diarrhœic (said to denote mesenteric disease); Antim. c., Phosph,, Lycopod., Sulph.

29. Urine suppressed: Sulph. (with hydrocephaloid), Lycopod., Silicea (hydroceph.), Carbo veg., *Arsenic* [Zinc]. [Apis], [Camph.].

30. Wetting the bed: *Sulph.*, *Sepia* (first sleep), *Caustic*, (worse in winter or when coughing), Calc. carb., *Graph.*, *Silicea*, Arsenic, *Natrum mur.*, etc.

31. Stool passes with urine: Muriatic acid.

32. Urine strong, fetid but clear: *Calc Carb.*; —— strong, like that of the horse: *Nitric acid;* —— strong, turbid: *Benzoic acid;* —— ammoniacal: Iodium; —— milk-colored; *Phos. acid;* —— fetid. *Arsenic*, *Phos. acid.*, *Carbo. veg.;* ——smelling like that of the cat; *Viola tricolor;* —— depositing a sandy sediment; *Sarsap.*, with crying before passing; *Lycop* , red sediment; *Graph.*, becomes sour or turbid with reddish sediment; *Calc. carb.*, sediment like flour; *Ant. crud.*, *Natrum mur.*, *Sepia*, all have reddish sediment; *Borax*, acid, fetid urine; aphthæ.

33. Hydrocele: *Silicea*, Graph,, *Arsenic*, Conium [Apis].

34. Bronchial catarrh (often a symptom of atrophy; frequently, also, tuberculosis): *Sulph.* (dry cough, flushes of heat, rattling of mucus; sputum yellow, purulent), *Calc. carb.* (rattling of mucus; loose cough), *Calc. phos.*, *Phosph.* (violent cough, quick breathing, oppression of the chest; cough with diarrhœa, hoarseness, etc.), *Hepar* (croupy, harsh even if loose), *Iodium* (croupy, hoarse, worse in warm wet weather), *Conium* (dry teasing cough, worse when lying), *Lycopod.* (loose rattling cough, moist râles; sputum yellow, purulent), *Sepia* (dry cough, causing bilious vomiting), *Arsenic* (dry cough, or with frothy sputum and emphysematous dyspnœa), Baryta (glands of neck enlarged, also those of the bronchi), *Ant tart.* (cyanotic symptoms; dyspnœa, child cannot nurse; cries with cough, also cough when angry), Hypophosphite of lime, *Silicea* (rachitic children; pain under sternum; loose cough, with purulent sputum; nightsweats), *Sulph. acid* (belches when coughs), *Oleum jecoris* [*Kali hyd.*, lungs hepatized; sputum frothy, green, looking like soap-suds], [*Kali carb.*, predominant stitches; shortness of breath; sputum contains pus-globules].

35. Jerks the legs on dropping off to sleep: *Sulph.*, Arsenic, Borax, Ant. tart., *Lycopod.* [Zinc.]. Hands twitch, thumbs clenched: Viola tric. Twitching, hot; stupor: *Arsenic.*

36. Ankles weak: *Caustic.* [Natrum carb.], *Natrum mur.* (also topically), *Sulph. acid*, *Sulph.*, *Calc. carb* , *Calc. phos.*

37. Will not stand, spine weak: *Sulph.*, *Calc. carb.*, *Calc. phos.* (head drops), *Silicea.*

38. Every wound or abrasion festers: Sulph., Calc. carb., *Hepar*, *Silicea*, Petrol., Carbo veg , Graph., Lycopod., Mercur. Ulcers on the fingers: *Sepia*, Borax.

39. Appearance of health, plumpness: *Sulph.*, *Calcar. carb.*, *Calc. iod.*, *Antim. crud.* [Arsenic], Graphites, Hepar.

40. Skin clear, thin, veins shine through (often in tuberculosis): *Phosph.*, *Calc. phos.*, Calc. carb., Lycop.

41. Indurations of soft parts: *Silicea*, *Sulp.*, *Conium*, *Hepar*, *Iodium* , *Baryta*, Phosph., Magnes. mur., *Graph.*, Lycopod. [*Carbo anim.*], *Carbo veg.*, *Staphis.*, Sepia.

42. To soften cicatrices; *Graph.* [Phytolac.].

43. Emaciation: Child looks like an old man: *Sulph.*, *Calc. c.*, *Iod* ,

Sarsap., *Arg. nit.*, *Arsenic.* Emaciated, yet appetite good: *Sulph.*, *Iod.*, *Calc. c*, *Calc. phos.*, *Nat. m.*, *Staphis.* [*Selen.*]. Emaciation of the neck: *Nat. m.*, Calc. phos.; —— of the face and hands: *Selen.*, Phosph.; —— of whole body: *Sulph*, *Calc. c.*, *Calc. phos.*, *Lycopod.*, *Silicea*, *Phos.*, *Phos. acid*, Petroleum, Borax, Sepia, *Sarsap.*, *Merc.*, Graphit., *Carbo veg.*, *Arsenic*, *Arg. nitric.*, Baryta c., Causticum, *Sulph. acid*, *Muriatic acid*, *Nitric acid*, Hydrastis, *Staphis.*, *Oleum jecoris*, Psorinum; —— of arms and thighs: *Nitric acid*; —— of upper part of body: Lycopod

44. Glands enlarged: *Sulph*, *Calc. c.*, *Calc. phos.*, *Calc iod.*, *Phosph.*, *Phos. acid*, *Silicea*, *Oleum jecoris*, Natrum mur., Graph., Carb. veg., Arsenic, *Ars. iod.*, *Cistus*, *Mercur.*, *Therid.*, Petrol, *Baryta*, *Nitric acid*, *Staphis.*, Sepia, Caustic, Psorin., *Conium*, Magnes. c., Magnes. m., Sulph. acid, *Hepar.*

45. Bones: Imperfectly developed: *Sulph.*, *Calcar. carb.* (and soft joints large); *Phosph.*, Hypophos. of lime, *Silicea*, *Calc. phos.*, Calc. iod, *Theridion*, Hepar, Iodium, *Phosph. acid*, *Oleum jecoris*, *Mercur.* (pains worse at night). Bones brittle: *Calc. phos.* (skull). Caries, Necrosis: *Phosph* (especially lower jaw), *Sulph.*, *Silicea* (fistulous openings, thin pus), *Gettysburg water* (of vertebræ or at joints), *Nitric acid* (mastoid, skull), *Staphis.* (fingers), *Phos. acid*, *Theridion*, *Calcar. carb.*, Lycopod. [*Aurum*, syphilitico-mercurial cases, of mastoid, nasal bones, skull], [*Asafœtida*, skin around bluish, adherent, sensitive even to light dressing], [*Strontium*, of femur, diarrhœa], [Chloride of gold and platinum], [*Fluoric acid*, like Silicea, but symptoms relieved by cold], *Iodium*, [Mezer., with intolerable pains at night after Mercury], *Oleum jecoris* (fistulous openings; pus flocculent, nauseous), [*Stillingia*], Cistus can. (submaxillary). Bony tumors: *Silicea* [*Calc. fluor.*], Sepia, *Calc. carb.*, *Calc. iod.*, *Calc. phos.*, Sulph, [Hecla lava], [Aurum,] Lycopod., *Phosph.* (of skull, of clavicles), [Asafœt.], Mercur. Bones curved; spinal curvature: Sulph., *Calc. carb.*, *Calc. phos.*, *Lycopod*, *Silicea*, *Gettysburg water*, *Nitric acid*, *Phosph.*, *Phosph. acid*, *Oleum jecori*, Iodium, Hepar, Sepia, Mercur. Complicated with syphilis: [Kali hyd.], Nitric acid, Hepar [Mezer., mercurialized], [Aurum], [Fluoric acid], [Phytolac], [Stillingia], [Asafœtida], *Mercur.* Joints: *Sulph.*, *Calc. carb.* (white swelling, pains intermit at night). *Calc. phos.* (suppuration, pus contains spicula of bone, tendency to articular pains at every damp change of weather). *Silicea* (fistula, caries), *Gettysburg water* (caries, thin, ichorous discharge), *Lycopod.* (awakes screaming, cross, violent; beginning of hip-disease), *Iodium* (swollen, doughy; fistulous openings, with watery pus), *Oleum jecoris* (fistulæ, with flocculent pus), [*Apis*, synovitis, with copious exudation], *Arsenic* (fetid pus, œdema, great exhaustion), *Carbo veg.* (similar to Arsenic, but with less irritability of fibre, restlessness, etc.), Baryta c. (white swelling, pains intolerable at night). Ozone (hip, *see* Part I), Caustic. (burning pains, caries).

46. Tuberculosis (remedies known to have been useful): *Phosph.* (brain or lungs), *Sulph.* in the beginning, but must be selected strictly, *Calcar. carb.* (follows the former well), [*Spongia*, of lungs, with dry, harsh cough], *Hepar* (after the former, cough harsh, but at the same time much phlegm), *Calcar. phos.*, Hypophos. of lime, Caustic. (of the spine), *Baryta carb.* (of the spine; also with indurated glands), *Lycopod.* (lungs; also of the liver), *Silicea* (with purulent breaking down, abscesses, lungs, liver), Magnes. carb. (of liver) [*Apis*, of brain; *Helleb.*, of brain], *Argent. nitric.* (brain), *Phosph acid.*, (of lungs), [*Kali carb.* of lungs], *Nitric acid* (of lungs; follows Calc.; morning diarrhœa; sputum purulent; great emaciation), [Mangan., Drosera, Argent met., of the larynx], Ozone (of the larynx). [Glanderin is said to have caused it in

lungs], [*Laches.*, one of the best after pneumonia when tubercles are present], *Iodium*, Oleum jecoris, Hydrastis (of lungs, with weakness at the stomach and diarrhœa). Compare Joints, and 7, 23, 24, 34, 42, 43, 46, 49.

47. Serous membranes (commonly attacked in tuberculosis): *Sulph.*, *Arsenic* [*Bryonia*], Hepar, Phosph. [Kali carb.], Ant. tart., [*Apis*, synovitis].

48. Feels bruised all over, worse from any motion (often anticipates rachitis). *Calc. phos.* [*Ruta*], *Hepar*, Silicea, Phosph. Oleum jecoris.

49. Skin has an offensive odor, despite frequent washing: *Sulph.*, *Psorin.*

50. Skin dry, hot: *Sulph. Calc. carb.*, *Lycop*, *Arsenic*, Oleum jecoris, Viola tric. Skin cold: Arsenic. *Carbo veg.*, Sulph. [*Camph.*], [*Verat. alb.*], Calc. carb., Calc, phos., Mercur. (clammy).

51. Kicks the clothes off (said to be a symptom of rachitis: *Sulph.*

52. Aggravations: Worse living in damp dwellings: *Natrum sulph.* Worse when the weather changes: *Sulph.*, *Psorin.*, Gettysb., *Calc. phos.*, Calc. carb., *Mercur.* Worse in the spring: *Sarsap.*: worse in summer, in hot weather: *Antim. crud.*, *Natrum mur.*, *Sepia*, *Sulph.* (eyes), Conium (photophobia), *Carbo veg.*, Silicea. Worse in electric changes: *Phosph.*, Silicea, Petrol. [*Rhod.*]. Worse when washed: *Sulph.*, *Calc. carb.*, *Antim. crud.*, Sepia, Hydrastis, Nitric acid, Sarsap., etc.

53. Relations of the remedies *in the symptoms given: Sulph.*, followed by *Calc. c.* (child nervous, pupils large, etc.), *Lycopod.*, *Psorin.*, *Sepia*, *Silicea*, Ozone, *Phosph.*, and in general all. *Mercurius* is an appropriate intercurrent remedy when Sulph. fails or only aggravates. *Carbo veg.*, similar to *Arsen.*, *Camph.* (collapse). *Calcar. carb.*, followed by *Silicea* (bones ulcerate), *Lycopod.*, Iodium, *Phosph.*, *Therid.*, *Nitric acid* (debility continues, child thin), *Bellad.*, intercurrent. *Calc. phos.*, similar to *Sulph.*, Phosph. *Silicea*, similar to Phosph. (abscesses of glands, nervousness, etc.), *Fluoric acid* (bone diseases). *Nitric acid* (bones, ozæna, etc.), *Gettysb.* (spine), *Hepar*, *Mercur.*, said to be inimical. *Phosph.*, similar to Hypophos. of lime, Petroleum, *Arsenic*, *Silicea*, Carbo veg., *Caustic*, inimical. *Arsenic*, similar to *Argent. nitric.*, *Cinchon.*, *Verat. alb.*, *Ferrum*, *Graph.*, *Phosph.*, Ars. iod., Ars., Sulph. rub., Ars. sulph. flav, *Secale.* Baryta c., similar to Caust., Calc. iod. (glands). *Lycopod.*, similar to Arsenic (cross on waking), Graph., Arsenic, Sarsap., Therid., *Iodium Lach.* Antim. crud., similar to Bryon., Sulph. Antim. tart., similar to Verat. alb. (diarrhœa). *Argent. nitric.*, similar to *Natrum mur.* Sepia, similar to Natrum mur. et phos., Borax, Sulph. Phosph. acid, similar to Arsenic, Cinchona; both suit in anæmia (brain exhaustion from protracted diarrhœa). Magnesia carb., similar to Calc. carb., Coloc., Chamom., Rheum. Magnesia mur., similar to Silicea. *Staphis.*, similar to Mercur., Chamom., Carbo veg., Graph., Coloc. Hydrastis, similar to Silicea, Sulph., Lycopod. (intertrigo), Clematis (eruption worse from washing). *Muriatic acid*, similar to *Phos. acid. Nitric acid*, Rhus tox (irritable weakness, etc.), Carbo veg., Arsenic. *Sulph. acid*, similar to *Sulph.*, Pulsat. *Natrum sulph.*, similar to *Thuja* (sycosis, etc.), Bryonia (diarrhœa) *Sarsap.* (sycosis), Staphis. (sycosis) *Sarsapar.*, similar to Lycopod., Sepia, Calcar. carb., Mercur., Viola tric.

Mercurius, similar to Bellad., Hepar, Carbo veg, Nitric acid, Staphis., Hydrastis, Sulph. It symptomatically resembles Calc. carb. and Silicea so closely as to require great caution in its choice. The latter remedy is said to be inimical to Mercury. When Sulph. ceases to improve, or acts too energetically, Mercury may be interposed. *Arum tri.*, similar to Nitric acid, Lycopod., Silicea, Ailanthus, Arsenic, Phosph., etc.

1878.

FERRUM IODATUM.

E. A. FARRINGTON, M.D., PHILADELPHIA.

Miss ——, aged 23 or 24 years, a lady of general good health, has never been able to menstruate. The entire absence of any subjective symptoms rendered treatment by medicine either impossible or simply empirical. Consequently it is not at all surprising that several of our best physicians failed in their attempts to relieve. A digital examination, which was reluctantly granted, revealed an unusually long vagina, a diminutive cervix uteri, and a no less diminutive fundus. From the fact that uterus and ovaries, especially cervix uteri and ovaries, sympathize both physiologically and pathologically, it was concluded that the ovaries too were undeveloped.

Medicines selected as well as they could be, with only the mere fact of amenorrhœa for my guide, failed utterly, just as they had when given by my predecessors. Electricity, applied by skilful physicians, also proved unsuccessful.

Before resorting to any mechanical means, it was thought best to institute a series of provings, with the hope of arousing the genital organs into activity, and mayhaps of stimulating their growth to full development. Drugs were selected which are known to have more or less effect on the uterus; and the first one that was tried was the Iodide of iron.

I succeeded in producing quite a list of symptoms, but again failed in establishing the menstrual flow.

The patient is still a willing subject for experimentation, so that I shall continue my efforts, knowing that I shall thus be adding to our limited list of female provings, even if I fail in my main object.

A brief summary of the subjoined symptoms was given from memory before the West Jersey Society, Cape May, July 31st, 1878; and a few prominent symptoms were also forwarded to Dr. Eggert for his prospective book on *Diseases of Women.*

Proving.

Dose, etc.—Ferrum iodatum[6] repeated every four to six hours for seven weeks.

The symptoms are recorded in the order of their appearance. The most important effects developed during the ninth week after stopping the drug.

1*st week.*—Feels as if she had eaten too much, a sort of upward pressure.

The circulation is excited; heart beats quickly and seems to force the blood violently through the whole body. (Continued into the second week.)

Headache felt as a cutting from the bridge of the nose through the occiput.

Small of the back as if broken; felt only at night, as if lying in a cramped position. (Continued into second week).

Feeling in the sides, low down, as of needles pricking her; worse raising the arms and walking. Inguinal region sore on walking.

Dizzy, worse moving.

2*d Week.*—Stuffed feeling in the abdomen as if she could not lean forward.

Diarrhœa. Costive for two or three days, followed by griping and sudden inclination to stool. Then costive again.

3*d Week.*—Stomach full of wind. Every breath gives pain as from a weight in the epigastrium. On rising, or at night turning in bed, heart beats violently, with pain in the epigastrium or lower end of sternum.

Abdomen bloated after food or drink; it seems to push upwards; even a small quantity of food causes it. May or may not feel hungry; but food soon satisfies her.

Sides of the neck feel sore when touched or on moving.

3*d and* 4*th Weeks*—Cheek (right) itches, reddens when rubbed. Vesicles form, which, when rubbed, become raw.

Bowels not moved for a week; then stools loose. May have two movements, first costive, second sudden and loose, preceded by griping.

Very thirsty.

A chronic nasal catarrh worse; discharge usually in mornings, now lasts all day, with a stuffed-up feeling at night; blowing nose gives no relief. Discharge thick, yellow or green.

Same distended feeling after food, but appetite better.

When walking, stitches in the inguinal worse, the right.

5*th Week.*—Again excited; bloodvessels throb all over, even when quiet.

Food seems to push up to the throat as if it had not been swallowed. Abdomen, when pressed, feels like a rubber ball.

If she happens to pinch the abdominal walls, or to crease them, the part feels sore for a long time.

Inguinal pains have extended across the hypogastrium. Sides feel stiff, as after a strain.

6*th and* 7*th Weeks.*—Pains in sides worse. If she stoops, feels there as after pinching.

Fulness in the abdomen and stomach better.

Running upstairs causes violent beating of the heart and pain on top of head.

Sharp pain from below the eye up through the head to vertex. (See 9th week.)

Feels again, in bed, at night, as if the back would break. On getting up, abdomen feels sore. Back stiff on getting up from bed, but better during the day.

Heart beat so violently, it awoke her from sleep. Throbbing all over.

8*th Week.*—On stooping, feeling as of lead in the forehead. (Has had this before proving.)

Nervous, hand shakes while sewing.

Bad taste in the mouth in the morning.

Feels now stiff in abdomen and back, where formerly she felt sore. (But this came on the day after a pic-nic).

Nasal catarrh worse.

Abdomen feels again distended, but not after eating.

9*th Week.*—Headache beginning under the left eye and passing up through the eye to the top of the head. (See 6th and 7th weeks.)

Nervous, heart beats violently Each beat seems to go into the stomach, and cause a nervous trembling feeling across the epigastrium. Weak trembling feeling in the limbs on using the hands and on walking.

Bad taste.

Constant bearing down in the uterine region, as if something was coming away; while sitting, feels as if pushing something up. Says she could touch the cervix uteri.

Urine scalds.

Leucorrhœa white, like boiled starch; the discharge, when the bowels move, is stringy.

Itching and soreness of the vulva and vagina.

Parts are much swollen.

Thus was developed in the prover, a consistent series of symptoms, easily recognized as belonging to the phenomena of so-called female diseases. The disturbances in the circulation, the soreness in the abdominal walls, and the headache, are common to all preparations of iron, and arise from its influence on the bloodvessels.

The "wind dyspepsia" is by no means new to Ferrum. Dr. Macfarlan in proving the water into which the blacksmith frequently thrusts his hot iron, developed the same symptom. Under Ferrum, Allen's *Encyclopedia*, vol. iv., may be found such symptoms as: "*Distension of epigastric region—region of stomach and abdomen distended."—"*Pressure in the stomach after every meal—distension of abdomen," etc.

The uterine, or more strictly the genital symptoms, are the most important. Ferrum has caused and cured prolapsus: prolapsus vaginæ during pregnancy (Allen); weakly patients, face fiery red (Guernsey). It has also caused leucorrhœa (Allen); even of long pieces of mucus (Guernsey). But no salt of iron, so far as I know, has so unmistakably caused prolapsus, cervical catarrh, and vaginal swelling, as the Iodide.

Raue, in his *Pathology*, p. 425, gives indications for its use in retroversion, etc., following, I presume, Dr. H. C. Preston's clinical facts recorded in the *British Journal of Homœopathy*. Allopaths have recommended the Iodide on general principles, as an emmenagogue (see *United States Dispensatory*).

If the symptoms of Ferrum iodatum, as contained in the above proving, are genuine and characteristic, they should be compared with *Alumina*, Alumen, *Kali bich.*, Bovista, Borax, Nitric acid, Ammon. mur., *Caulophyl.*, *Helonias*, *Hydrastis*, Graphites, *Iodine*, etc.

Alumina, like iron, is well suited to anæmic and also to chlorotic patients. The leucorrhœa is profuse, flowing even down the limbs, and with it there is a sensation as if everything would fall out of the abdomen.

Alumen, too, is similar; collum uteri swollen and puffed, vagina swollen and sensitive; prolapsus and induration. Faint weakness at pit of stomach (as the sputum is clear mucus, it may possibly have a similar leucorrhœa).

Kali bich., it is well known, causes stringy, albuminous leucorrhœa.

Caulophyllum deserves notice as a remedy suited to weak, delicate females. The prolapsus and leucorrhœa are effects of this atony. Leucorrhœa of profuse mucus; uterus prolapsed, with weakness of the legs. Spasmodic, fitful, crampy or sharp pains here and there.

Helonias causes an intense vulval itching, with prolapsus and leucorrhœa. The latter is at times profuse. Patient is anæmic and may have amenorrhœa. In this case the urine is apt to be albuminous, and the sufferer complains of sacral pains and great debility and drowsiness.

Hydrastis is the picture of catarrh of mucous membrane, with marked debility and atony. Leucorrhœa viscid, tenacious, and profuse. Prolapsus with ulceration of the cervix. Pruritis vulvæ. An excellent accompanying characteristic is weakness and faintness in the epigastrium, with palpitation of the heart.

Graphites contains iron. It is suited to chlorosis, anæmia, etc. It, however, is readily distinguished by the tendency of the patient to fatness, with herpetic eruptions, and with a leucorrhœa, which, though profuse, is watery.

Iodine, like iron, causes red face, irritability, with bearing down in the uterus. But the leucorrhœa is very corroding, and emaciation of all parts is the tendency.

In scrofulosis both remedies have gained considerable reputation. Ferrum iod. has been selected in scrofulous ophthalmia when an eczema of the face, thick nose, glandular enlargements, pale skin, etc., suggested anæmia and scrofula (see Allen and Norton). Goullon recommends the Iodide in eczema of the cheeks, and eczematous exanthemata of face and body. The crusts, he thinks, are thick, resembling bark. (*Scrofulous Affections*, pp. 186, 187). In the proving given above will be noticed vesicles on the cheek which became raw after scratching (see 3d and 4th weeks). In Allen's *Encyclopedia*, vol. iv. p. 328, is recorded: "Short-lasting cutaneous eruptions, like urticaria, eczema, and lichen."

Catarrhal symptoms are not wanting. My prover had an aggravation of her accustomed nasal catarrh, with symptoms very similar to those reported by Allen. From the latter may be added here: "Mucus in the throat—tickling and scraping in nose and throat—*urine dark, depositing a thick, white sediment,—cough, with tenacious mucus drawn out in threads (compare leucorrhœa above)—a short hacking cough, with white-yellowish, rather thick sputum, ceased and did not return the next winter,—oppression of the chest and some thick yellow sputum, etc." The provings, however, show no glandular enlargements or ophthalmia, indicating its applicability to scrofula; so its use in this diathesis is purely inferential. Experience must be the test of its correctness—experience with the characteristics of the Ferrum iod., not alone with vague, general notions of its anti-scrofulous properties.

DEPARTMENT

OF

CLINICAL MEDICINE AND ZYMOSES.

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1874.

SCIATICA.

BY MEMBERS OF THE ALLEGHENY COUNTY HOMŒOPATHIC MEDICAL SOCIETY.*

This affection was formerly known to the older authors by the name of Ischialgia, Dolor ischiadicus nervosus, Coxalgia, Morbus coxendicus, Arthralgia coxalis, and Ischias nervosus posticus, *seu* Sciatica nervosa Cotugno, the name Cotugno being that of an Italian physician, who is supposed to have been the first to distinguish neuralgia of the sciatic nerve from other diseases of the hip.

At the present time the term *Sciatica* is commonly used, although it only refers to pain in the hip, and does not fully express the idea to be conveyed, viz., neuralgia of the great sciatic nerve.

Anatomy.—Before proceeding to the consideration of the clinical history of sciatica, a short review of the anatomy of the nerve involved and some of its principal branches, may not be out of place.

The great sciatic nerve is the largest nervous cord in the body, and in its greatest diameter measures nearly three-quarters of an inch, and one-fourth of an inch in thickness. It is the continuation of the lower part of the sacral plexus, and passes out of the pelvis through the great sacro-sciatic foramen, beneath the pyriformis muscles, descending between the tuberosity of the ischium and the trochanter major, covered by the gluteus maximus, and resting upon the external rotator muscles. In the back part of the thigh it passes over the abductor magnus, being covered by the long head of the biceps. In the lower third of the thigh it divides into two large branches, the internal and external popliteal nerves.

In its upper portion it gives off several articular branches, which supply the hip-joint, and beneath the long head of the biceps it gives off several muscular branches, which supply this muscle and the semi-tendinosus, semi-membranosus, with a small branch to the abductor magnus.

The internal popliteal nerve passes through the middle of the popliteal space to the lower third of the popliteus muscle, where it passes beneath the arch of the soleus and becomes the posterior tibial.

The branches of the popliteal nerve are usually three articular, four or five muscular, and the external saphenous nerve. The articular branches supply the knee-joint, and the muscular the gastrocnemius, plantaris, soleus, and popliteus muscles The external saphenous descends between the heads of the gastrocnemius, lower down it pierces the deep fascia, and receives a branch of the external popliteal nerve. Continuing its

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course down the leg near the outer margin of the tendo Achillis, it winds round the outer malleolus, and is distributed to the integument along the outer side of the foot and little toe.

The posterior tibial commences at the border of the popliteus muscle, and passes along the back part of the leg to the space between the inner malleolus and the heel, where it divides into the internal and external plantar nerves. In its upper part it gives off muscular branches, which supply the tibialis posticus, flexor longus digitorum, and flexor longus pollicis muscles. The plantar cutaneous, a branch of the posterior tibial, passes through the internal annular ligament, and supplies the integument of the heel and the inner side of the sole of the foot.

The internal plantar from its origin passes forwards, and opposite the base of the metatarsal bones divides into four digital branches.

The external popliteal nerve descends along the outer side of the popliteal space to the fibula, and about an inch below the head of the bone pierces the origin of the peroneus longus muscle, beneath which it divides into the anterior tibial and musculo-cutaneous nerve.

This nerve gives off several articular branches, which supply the outside of the knee, and a third (recurrent) branch, which passes through the tibialis anticus to the point of the knee, which it supplies.

The anterior tibial nerve has its origin between the fibula and upper part of the peroneus longus, passes forwards to the forepart of the interosseous membrane, then descends to the front of the ankle-joint, where it divides into an internal and external branch. Before its division the branches are all muscular, while the internal and external branches supply the muscles on the dorsum of the foot, and the articulations of the tarsus and metatarsus.

Clinical History.—This affection rarely occurs in children and up to the twentieth year; after this period it is more frequently observed, except in extreme old age.

It occurs oftener in females than males; but excluding those cases in which it is symptomatic of pregnancy, the frequency of its occurrence is about equal in both sexes. It is sometimes symptomatic of cerebral and spinal affections; also of uterine and other intra-pelvic diseases. In the majority of cases it is a functional affection, and rarely, if ever, accompanied by febrile symptoms. It may be either acute, subacute, or chronic. In the acute form the characteristic pain of neuralgia is usually suddenly developed, without any premonitory symptoms indicating its approach; while the subacute and chronic varieties are preceded by sensitiveness over the sacral region, or an uncomfortable drawing sensation in any portion of the limb through which the sciatic passes. Soreness along the course of the nerve is nearly always observed, and is limited to circumscribed spaces, which are usually sensitive to pressure. Coldness, or an abnormal heat of the affected limb is often present, or the extremity may be cold in the morning, attain its natural heat during the day, and become uncomfortably hot at night, or *vice versa*.

This variation of temperature is more frequent when the legs and feet are affected. Most of these symptoms are present in nearly all cases, and may remain more or less during the whole time that the patient is subject to the characteristic pain. In many cases the patients may fail to observe most of these symptoms, and cases occur in which patients are not aware of any deviation from health until the peculiar neuralgic pain is developed.

This pain is described as tearing, darting, and lancinating, shooting along the course of the nerve, and sometimes very excruciating; continuing for a few moments only, or for hours and days at a time. The

most frequent seat of the pain is from the sacral region down to the popliteal space. When it is confined principally to the latter point it is called *popliteal neuralgia*, and when about the knee, *gonalgia*. From the knee down to the external ankle the pain is frequently accompanied with cramp in the calf of the leg. If the pain is felt only in the sole of the foot, it is termed *neuralgia plantaris*. Pain is frequently felt only in the heel, and very seldom in the dorsum of the foot. The pain from the knee down is usually more erratic, and more or less associated with pain in the upper part of the limb.

During the paroxysm of acute pain patients can often define almost accurately the course of the nerve and its branches. After the acute pain has somewhat subsided, a sensation of hot or cold water flowing along the course of the nerve often remains, and is frequently very persistent and annoying; or numbness, if not present before the attack, will likely follow. Frequently we find reflex symptoms manifest themselves, with cramps in the leg and sole of the foot, and in some cases the leg has been forcibly flexed upon the thigh. Muscular twitchings either before, during, or after the paroxysm have been observed.

Under certain conditions and circumstances the pain may be either relieved or aggravated; for instance, some patients cannot bear the least motion of the affected limb, while others are materially relieved; some experience pain only during the first effort to walk, and some may not be prevented from attending to their daily avocation, although pain may not be entirely absent.

Pressure upon the points of tenderness may excite a paroxysm of pain, which is frequently more severe than when produced spontaneously.

Intermissions and remissions may occur in all cases, and are as a rule as variable in time and duration as the paroxysms of pain. An intermission or remission may occur in either variety; the former most frequently in the subacute and chronic, while the latter is oftener observed in the acute variety. An intermission may take place at a certain hour one day, and sooner or later the next; it may last for a few moments only, or continue for days and weeks, the patient in the meantime believing that he has been permanently relieved, when perhaps without any known cause the pain returns with all its severity and suffering. The remissions are as variable in time, but never continue so long as intermissions sometimes do.

In long-continued and severe cases aggravated by the least motion, the patients remain in bed, and in consequence of the long-continued inactivity of the affected limb, the muscles are diminished in volume, and paralysis, more or less complete, may supervene.—C. P. S.

Pathology.—Of the morbid anatomy of sciatica little can be said. The changes in the nerve structure, if any, have not been satisfactorily investigated, so that the discussion of the pathology of sciatica to any great extent would necessitate the indulgence in speculative theorizing.

It would seem in the greater number of cases to be a functional lesion, dependent upon some constitutional or local depression of the vitality of the nerve.

Where pathological changes have been observed, congestion, or even neuritis, resulting from pressure or injury to the nerve, has been found; resolution taking place, or a chronic form of neuritis resulting, and finally sclerosis and consequent paralysis.

Dr. Francis E. Anstie considers that in all cases of neuralgia there is either atrophy, or a tendency to it, in the posterior or sensory root of the painful nerve, or in the central gray matter with which it comes in closest connection. The rarity with which neuralgic patients die under

circumstances which lead to a close examination of the nerves, makes the study of the morbid anatomy of neuralgia very difficult, and consequently the facts bearing upon this subject are very few.

Causation.—The causes of sciatic neuralgia present a well-marked similarity to those of corresponding affections of other parts of the nervous system, differing only as far as they are modified by local circumstances.

Sciatica rarely presents itself in patients prior to the age of pubescence, and more commonly appears between the ages of thirty and fifty.

The gouty and rheumatic diatheses exert an undoubted influence in the predisposition to sciatic neuralgia, although not so much so as in the case of similar affections of other nerves.

Females are more often attacked than males, yet this predisposition of sex is not well defined, if we except those causes peculiar to females.

A strongly marked nervous temperament, as indicated in females by a tendency to hysteria, and in males by an abnormal sensitiveness to nervous impressions, exercises an effect in the causation of sciatica.

Among the causes inherent in the individual, none is so powerful in its action as hereditary tendency, and here, as in hereditary affections generally, it happens that often the disease skips a generation.

Occasionally this affection is due to reflex excitation of the nerve. Masturbation and excessive venery might be termed reflex causes of this disease, yet the proof is so difficult in cases where these causes are suspected, that they cannot be termed definite causes of the affection.

Malaria, syphilis, mercurialization, quininism, and excessive drinking of intoxicating liquors, and other causes capable of lowering the vitality of the organism, and as a consequence, that of the nerves, will present themselves for consideration as predisposing causes, where the sciatica is not directly the result of a physical cause interfering with the integrity of the nerve.

Those who exhibit a decided tendency to neuralgias, and those in a state of feebleness, are more liable to this affection than those in robust health. Exposure to cold and damp, and direct injuries to the nerve by blows and falls, are perhaps the most common of the exciting causes.

This affection is very often dependent upon an irritation affecting the nerve before it leaves the pelvis, resulting from pressure exerted by an enlargement of the prostate, a gravid uterus, various tumors of the abdominal organs, displacement of the womb, the pressure of the fetal head in childbirth, accumulations of fæces in the rectum, etc.

Among the causes affecting the nerve after its exit from the pelvis, are affections of the sacral vertebræ, exostosis of femur, muscular tumors, aneurisms, and neuroma of the nerve itself.

It may also result from effusion within the sheath of the nerve, or from inflammation of the tissues around the nerve; the sciatica here resulting from mechanical pressure on the nerve, which may not itself be inflamed.

The pressure on the nerve from an habitual maintenance of the sitting posture daily for many hours, together with depressing influences of a constitutional kind, has in some instances been the origin of this affection.

Very often the causation of this trouble is involved in uncertainty. A cold, excessive exertion, abdominal affections, stagnation of habitual hæmorrhages, are mentioned as additional causes, but it becomes a difficult matter to trace a direct connection between cause and effect in many cases.—J. H. B.

Diagnosis.—We may arrive at a correct diagnosis of this, as of many other diseases, either by its positive symptoms alone or by a process of

exclusion or differential diagnosis. In general there is but little difficulty in determining whether or not we have a case of sciatica. In the first place we must be sure that the pain is located in the course of the great sciatic nerve or some of its branches; but as there is a continuity of nerve fibre throughout the whole complex nervous system, the pain may invade secondarily other nerves, especially those in the immediate neighborhood of the great sciatic. The seat of the greatest suffering is generally the lateral surface of the thigh; thence the pain extends to the popliteal space, and in some instances, though rarely, further down along the branches of the nerve. Often, too, the patient complains of an aching near the sciatic notch and in the loins. The pains are generally aggravated by damp, cold and pressure.

This affection may be either acute or chronic. In the latter the pains generally have either regular or irregular intermissions, while in the former we have remissions; there seldom being a complete absence of pain. The symptoms vary in different patients and in different varieties of the disease. In that variety which we find in persons of strongly marked nervous temperament, the attack has most likely been excited by some bodily fatigue or mental distress, and comes on suddenly, though there may have been numbness along the course of the nerve for some time previous. There are in some forms of sciatica certain spots along the nerve which are permanently and intensely tender, and the slightest pressure on which is sufficient to renew the agony of acute pain. At these spots, and extending for some distance around, there may be a sensation either of numbness or hyperæsthesia of the skin. There may even be partial paralysis of the affected limb, other nerves being also involved by reason of the continuity of nerve structure. This theory of nervous continuity was announced perhaps first of all by James Carmichael, M.D., Professor of Anatomy in the Homœopathic Medical College of New York City, a few years since, and it is upon this theory alone that we can explain many of the phenomena accompanying this disease. In order to form a correct diagnosis it is necessary also to obtain from the patient a complete history of his case; to discover if possible whether the disease has originated from any of the known causes of sciatica; whether it is a family ailment, and whether the patient has ever before been subject to any similar attack.

Differential Diagnosis.—There are affections simulating sciatica to a certain extent. Brief mention of the most important of these is sufficient to guard against possible errors in diagnosis. There are muscular rheumatism, affection of the hip-joint, commonly known as morbus coxarius, and pain caused by irritation of the kidneys. In the first named the pain is limited to the affected muscles and does not follow the course of the sciatic nerve, the tenderness is diffused over a considerable space corresponding to the number of muscles affected, the pains are not paroxysmal as in sciatica, but are excited exclusively by movements of the affected muscles.

Morbus coxarius is distinguished by an alteration in the shape and position of the limb, by the obliteration of the fold of the nates, and by the pain in the hip-joint produced by pressure upon the great trochanter, and by flexion and extension of the thigh. There are also other well-marked local and constitutional symptoms which add to the points of difference between this affection and sciatica.

As to *Gonalgia*, when we consider the number of nerves distributed around the knee-joint and their origin, we cannot always ascribe the pain to neuralgia of the sciatic nerve. If there is sensitiveness to pressure in the sacral region, or along the sciatic nerve to the knee-joint, then

we may infer that the sciatic nerve or some of its branches to the knee-joint are affected; but if the pain extends up the inner and anterior portion of the thigh with sensitiveness over the lower lumbar segments of the spine, it is evident that other nerves and not the sciatic are affected. Gonalgia is also more frequently connected with dysmenorrhœa and other uterine affections than with sciatica.

When the trouble exists in the kidneys, the pain extends down the anterior crural nerve, and is accompanied by symptoms of disturbance of the urinary functions. Sciatica and neuralgia of the anterior crural nerve have sometimes been found to coexist in the same patient.

Prognosis.—In this disease the prognosis depends largely upon the history of the case; but by reference to old-school authorities we find it is regarded as generally uncertain. Under our own treatment this uncertainty has, to a great extent, been removed If the attack is caused by pressure upon the nerve from a tumor of any kind, removal of the tumor by surgical means or otherwise will generally effect a cure. If caused by mechanical irritation, removal of the cause will generally produce the same favorable result. The older the patient the less favorable is the prognosis, and more especially after the commencement of the symptoms of organic degeneration; and in the latter case, where the patient's family has been subject to severe neuralgias of any kind, there is less chance of complete recovery, though under homœopathic treatment the symptoms may be greatly ameliorated and often cured. Then, too, the circumstances of the patient's life may make a cure improbable, such as exposure to the hostile influences of cold, damp, and privation, or to great mental distress, or habitual maintenance of the sitting posture in business for many hours together, and in short whenever the exciting cause continues to exert its influence.—F. R S. and C. F. B.

Treatment.—In the treatment of this disease it is not enough to know that the patient has sharp twinging pains of a neuralgic character in the leg and foot. It may be simply nervous sensibility and pain, referable to no appreciable cause or condition; it may be the result of an aneurism making pressure on the nerve in that vicinity, which will, of course, be entirely relieved when the aneurismal sac is removed by proper treatment; or it may be the result of a disease of the brain or spinal marrow, and this pain may even be sympathetically communicated through the medium of the nervous centres; it may come from diseased bones, exostosis, ossification of arteries, or from a variety of other causes.

The treatment of the affection must be almost as varied as the cases which present themselves. If mechanical pressure or irritation be the cause, means adequate to the removal of such irritant will be the proper treatment; if dependent upon some dyscrasia, or if the pains are but symptomatic of some constitutional or local disease, relief will be obtained only in the cure of the original malady.

From the foregoing it will be seen how important it is that a correct diagnosis be made, and that a careful examination be instituted, in order to discover the real cause of the disease, and to ascertain whether it is not dependent upon some cause incurable by medicine.

The different plans of treatment and their effects are well illustrated in the disease under consideration, and it may not be amiss to preface our remarks on the treatment by an examination of some of the means usually employed by old-school practitioners.

Many and varied are the weapons with which the followers of orthodox medicine have endeavored to combat the pain of this disease. Their treatment is both internal and local. Great prominence is given to the use of sulphate of quinia, especially in cases which seem to be of an in-

termittent or remittent type. Arsenicum, also, is used when there seems to be a marked periodicity in the attacks.

Iodide of potassium is frequently made use of, especially in cases where there is a syphilitic taint in the system. Narcotics, particularly Belladonna and Opium, are given in doses sufficient to allay the pain during the paroxysm. The former is often applied in the form of a plaster to the affected part. Morphia is applied locally, either hypodermically or endermically, a blister being made over the seat of pain, and the acetate or other salt applied to the abraded surface.

Sulphur has been prescribed, and seemingly with benefit; the precipitated sulphur being used and applied directly over the seat of pain. Chloroform is used locally and with reported benefit. It is sometimes administered internally, but is not strongly recommended, as it is apt to produce gastric derangements. Oil of turpentine is given internally in some cases, its efficacy being ascribed to its alterative effect.

Among others, various endermic applications, compresses, various ointments and cataplasms have been used. Division of the affected nerve, and even amputation of the limb, have been resorted to.

Acupuncture.—This is a mode of treatment which is sometimes resorted to. It consists in the insertion of very slender, well-polished, sharp-pointed needles into the affected part. Numerous cases have been reported in which this method has produced perfect cures.

The method of treatment known as electro-puncturation consists in applying the electric current to the acupuncture needles, inserted as above.

Electricity.—The use of the various forms of this agent in this disease is an extensive subject, and, in the absence of any reliable rules or indications for its application, we can but give the opinions of different writers.

Dr. Anstie (*Reynolds's Practice*, vol. 2, p. 760), says: "As regards the comparative merits of faradization and of the continuous current, the weight of testimony is now in favor of the belief, that in the majority of instances, the constant current is the most valuable, and that the three principles upon which we must act in its use are, first, the maintenance of the current, with only a few breaks, for a considerable time; second, the application of the positive pole over the seat of pain; and third, the employment of a very low tension current."

Dr. Henry Lawson (*Braithwaite*, part 62, p. 69), says: "It is a matter of considerable moment how the electricity is applied," and says: "The only admissible method of applying faradization in sciatica is that in which the metallic brushes are employed as conductors, and in no case should the application be persisted in for more than ten minutes at a seance. The strength of the current as well as the frequency of its application must be left to the discretion of the practitioner."

In applying the galvanic current he places the negative pole upon the skin over the exit of the nerve, and the positive nearer its peripheral extremity. He further states that while the relief from the application of the continuous current is unquestionable and immediate, it is neither of long duration or of great extent.

Dr. Hammond says of this therapeutic agent: "I have employed it in every form, and am satisfied that the primary galvanic current, is the preferable agent;" and adds: "I doubt if the induced current, unless in a few cases where the wire brushes have been employed, has ever in my experience, been accompanied with any decided success." In the employment of the primary current he places the positive pole over the seat of pain. Not more than fifteen or twenty Snee's cells should be used.

The application should be continued for at least a half hour, and should be repeated every day for several weeks, and, in extreme cases, longer.

Massage.—Dr. Graham defines this to be a hygienic and therapeutic agent, consisting not of friction, percussion, pressure, or movement alone, but of a permutation and combination of all these varied modes of applying force to the surface and underlying tissue of the human body. In its application or use care should be taken, for if left to the rude efforts of an ignorant manipulator it never does good and often does harm. In this as in the selection of remedies it should be in the hand of one who understands the delicate organism he is to manipulate. It is especially adapted to cases where there is a paralytic condition, or when the muscles have become atrophied from want of exercise.

Adjuvants.—There are a great many substances which can be used to allay the pain and quiet the patient while the remedy is having time to act. In most case the great desideratum in the use of these articles is to obtain a constant supply of heat, though sometimes cold applications are more desirable. It has been observed that, in most cases, dry heat is preferable to moist. Though there seems to be a difference of opinion as to the use of external applications the weight of testimony goes to show that they do not interfere with the action of internal remedies, but usually afford great relief to the patient.

Among the most prominent is raw cotton, hot water, hot salt, mustard plasters, etc. In some cases the patient cannot bear the weight of the heavier articles, as salt, etc. In these Dr. McClelland recommends the use of hot corn-meal in their stead. In the selection and use of these articles, that which is found to be most pleasant and soothing to the patient should be applied.

Liniments, plasters, pomades, etc., medicated with the same remedy that seems to be the similimum to the case in hand, may be applied with benefit.

The symptoms of the case, both subjective and objective, being carefully noted, the homœopathic remedy carefully selected will, very generally, relieve the patient and make a speedy and permanent cure.

The pathogeneses of our well-proven drugs correspond closely to the manifestations of this disease, and perhaps in no instance is the potentized and dynamic power of medicine more beautifully and satisfactorily shown than in the treatment of such nervous affections.

The remedies which seem to be oftenest indicated, and which, from clinical experience, have been most frequently verified are: Colocynth, Sulphur, Rhus tox., Arsenic, Chamomilla, Lycopodium, Arnica, Bryonia, Mercurius, Pulsatilla, etc.

Colocynth.—Is best adapted to recent cases, especially of right leg; the pain sets in suddenly, is constant in character, becoming intolerable in paroxysms; severe pains, causing him to limp; pain increased by touch, better while at perfect rest and from warm external applications; aggravated by cold and by motion, and from anger and indignation.

Sulphur.—Usually in cases which run a subacute or chronic course, and depend for their cause upon some dyscrasia of the organism; pain in small of back, of a stitching-drawing character, on rising from a seat; tensive pain in hip-joint, the left side is principally affected; drawing extending down the limb, usually accompanied with a sensation as if bruised; heavy feeling of affected limb, at times excessive, almost as if paralyzed, particularly when walking; more or less rigidity of knee; swelling of feet in chronic cases.

Arsenic.—If the pains are marked by a complete intermission, break out with typical regularity, aggravated at night, even becoming un-

bearable towards midnight; pains burning and tearing in character, with great restlessness, obliging the patient to move the limb frequently in order to obtain relief, but the pains are increased by vigorous motion; cannot lie on painful side; great weakness and inclination to lie down; worse from cold applications; temporarily relieved by warmth; especially useful for attacks contracted by staying in cold damp houses; also in cases caused by sudden suppression of eruptions.

Dr. Hughes reports a case of eleven months' duration cured by Arsenic^{30}. The limb was wasted and weak; pain very severe; an examination of the track of the nerve disclosed no tenderness.

Rhus tox.—Is very seldom useful in recent cases, but assists in the more advanced course of the disease, especially in cases caused by exposure to wet, or straining in lifting; the pain is stinging, burning, tearing in character, attended with numbness, formication, and paralytic stiffness of the limb, increasing during rest and when beginning to move; alleviated only for a short time by motion; better from dry heat; worse in open air; frequent paroxysms of cramp in calves; patients disposed to melancholy. A case was reported in *N. A. J. of H.*, vol. 1, p. 514, cured by Rhus.

"M. J, a tailor, æt. 28 years, has suffered from sciatic neuralgia for twelve years, but until the last two months has never been compelled to stop work and take to his bed. The pain occupied the whole left lower limb, particularly the posterior part of the thigh; pains drawing, burning, lancinating; worse at night, so as to prevent sleep, and greatly aggravated by cold and wet weather. February 17th, Rhus tox^{30}. Nocturnal aggravation disappeared; slept a little, which has not been the case for two months. March 3d; sleeps all night; walks well; completely restored."

Lycopodium.—Mostly in chronic cases; the pain is of a burning or stinging character, with complete intermissions; stiffness and weakness in the affected limb; pains aggravated by rest and slightly alleviated by motion; painful muscular twitchings; bowels very much constipated; abdomen bloated with incarcerated flatulence; urine high-colored, turbid, depositing a red sandy sediment.

Bryonia.—The pains are aggravated by sitting up, and by moving, and late in the evening; lies best on the painful side; very often relieved by cold water. Dr. Martin (*A. J. H. M. M.*, vol. 5, p. 297), reports a case cured by a high potency of Bryonia. A man, æt. 32 years, suffered with sciatica of four weeks' duration. Pain in left lumbar region extending to the thigh; worse in afternoon; aggravated by sitting up and by movement; walks with crutches. One dose of Bry. 10^{m} was given. The pain did not return the next day, and in three days later he walked without his crutches, and in ten days more was discharged cured.

Mercurius sol.—Lancinations in the hip-joint and in the knee, particularly at night and during motion; drawing and heaviness in the lower limbs; will be particularly indicated if the patient has had syphilis, without signs of mercurialization, or if the patient is chilly and has a dread of cold air.

Chamomilla.—Drawing, tearing, excruciating pains, which become intolerable at night; aggravated by the warmth of the bed; pains more frequent at night, attended with excessive sensibility and irritability of fibre; sensation of numbness in the affected parts; the patient acts as if out of his mind.

Arnica.—For those cases caused by over-exertion. Pain of a burning, stinging, tearing character; numb and bruised feeling in the affected

limb; constantly changing the position of the limb because everything on which it lies seems to be hard; especially useful for this complaint in women during the lying-in period.

Dr. Seip reports a case cured by Arnica:

"Mr. P., æt. 50 years, six years ago had fracture of the left femur, and one year after that accident he again fractured the same bone. Since then he has had, at intervals, pain in the left hip, along the course of the sciatic nerve. Has tried many old-school physicians and patent medicines without receiving any permanent relief. Arnica^{30}, one dose every night for a week, gave him speedy and permanent relief. One year after had had no return of the pain."

Nux vomica.—Pains, drawing, tearing, from below upward; relieved by hot water; attended with stiffness and contraction of the limb; great pain along the affected limb down into the foot; sensation of paralysis, with coldness of parts affected; can lie best on the painless side; aggravation early in the morning, also during stool; constipation; particularly adapted to persons of sedentary habits, or to those addicted to the use of alcoholic stimulants.

Natrum mur.—Tensive pain in right hip joint and thigh as far as knee, of a remittent character; painful contraction of the hamstrings; limb emaciated; limb painful to touch; pains renewed or increased in a recumbent posture, even in daytime.

Dr. Burgher reports a case of long standing, where the muscles of the thigh were contracted, the leg being flexed on the thigh and the thigh on the abdomen; pain situated in left limb; pain excessive; aggravated at 11 A.M.; relieved by heat; had to be fanned during the paroxysm. The remedy was used in the 12th, 30th, and 200th potencies.

Pulsatilla.—Drawing pain, worse towards evening and at night, compelling the patient to move the limb constantly; relieved in the open air; increased by warmth, not by cold; especially useful when the menses are suppressed; persons of a mild disposition and leucophlegmatic temperament.

Kali bich.—Is often found useful in cases where Puls. seems to be indicated, more especially for males; the left side is affected, the pain running from hip to knee; wandering, erratic pains; sharp pain in knee and hip-joint; aching in leg, with trembling; pains come on quickly and subside soon; jerking-aching pain in hip; pain relieved by walking and flexing the leg; aggravated by hot weather, by standing, sitting, or lying in bed; pressure causes the pain to shoot along the entire length of the nerve.

Belladonna.—Stitching-burning pains, aggravated by light, motion, or noise, also by the least concussion, or even by stepping of other persons in the room, also by the least draught of air; paroxysms set in in afternoon and last till midnight; wants to sleep, but cannot; better from letting the limb hang down, and after perspiring; better from warmth, and when in an erect posture.

Phytolacca.—Pain on outer side of thigh, with soreness in left groin; pressing, shooting, drawing, and aching in the thigh; great lassitude and desire to lie down; most useful in chronic cases, and in those having a syphilitic origin.

Ledum.—The pain runs from the foot upwards; pinching-drawing pain in either hip-joint, descending along the posterior surface of the thigh; pressure in the posterior region of the thigh, with sensation of contraction of muscles; the affected limb is cooler than the remainder of the body; pains are worse when getting warm in bed; worse when touching the parts; used especially when the left side is affected with

weakness and heaviness of the affected parts; pains followed by swelling of the feet and limbs.

Ruta grav.—The pain seems to be deeply seated, as if in the marrow of the bones itself, or as though the bone were broken. The patient is obliged to walk about constantly during the paroxysm, for the moment he sits or lies down the pain increases. He complains that he cannot stand it; the incessant walking around will wear him out; he gets no sleep on account of it; the pains are of a burning or corrosive character; worse in damp or cold weather and from cold applications; to be especially remembered in those cases arising from contusions and injuries.

Mezereum —Darting pain in hip-joint down to the knee; drawing pain along the whole thigh, leaving a painful weakness, hindering walking; sensation as if the flesh was torn from the bone; sensation of internal heat while the surface is cold; pain worse in evening and at night; aggravated by touch and motion; relieved in open air.

Cocculus.—Pain as if the hip was screwed together, or shooting pain like lightning, down the whole limb; aggravated by motion and contact; sensitive to fresh air; pains excessively prostrating; wretched color of skin; chilliness with perspiration and heat of skin; sleeplessness; great emaciation; after the paroxysm the parts feel numb as if asleep.

Menyanthes.—Stitching, contractive pain in the region of the hip-joint; cramplike drawing in the anterior portion of the thigh when sitting; when sitting the thigh and leg are spasmodically jerked upwards; useful after abuse of Quinine. Pain relieved by motion and pressure; worse in evening, during rest, and when lying down.

Kali carb.—Pain in the hip-joint as if bruised; drawing pain in left thigh; numbness of limb; in cases where Quinine has been used to excess.

Kali hyd.—Gnawing pain in the hip-bones; severe lacerating pain in the thighs and legs; nightly lacerating in both knees. In a case reported by Dr. Mahlon Preston, cured by this remedy, the following symptoms were present: Nightly tearing and lacerating in the knees; twitching in right knee; tearing and darting in posterior surface of right thigh; tearing above the bend of the knee, and immediately after, also below; aggravated in the evening, especially when getting into bed; ameliorated by motion; spasmodic contraction of muscles.

Ignatia —When the pains are of an incisive or throbbing nature, intermittent at first every second day, later they come daily, attended with great chilliness; patients of a mild, melancholy temperament; a great deal of fever without thirst; the disease disappears during summer and returns during winter.

Argentum nitric —Has been used with benefit. It seems especially suited to those cases in which a paralytic tendency is manifested. It has been used as a local application, the surface over the affected nerve being painted with a solution of the remedy. Dr. Dios recommends this application, and reports many cases cured by it. The indications for its internal use are: periodical drawing, cramplike pains, from the hip down to the knee; paralytic weakness of the limb, with emaciation of the same; during the paroxysm sensation of expansion in the limb; aggravated in the morning, but more particularly after dinner.

Iris vers.—Shooting, burning, laming pain, affecting the posterior femoral muscles, shooting along the left sciatic nerve to foot, greatly aggravated by motion; moderate motion aggravates the pain; violent motion makes no difference; shooting, burning pains in right shoulder.

Staphisagria. —Aching pain around hip-joint when walking and sitting.

Many other remedies have been used in this affection, among which we may mention Caust., China, Calc. carb., Cimicifuga, Ferrum, Lachesis, Plumbum, Rhododendron, Sepia, Viscum alb., Quinine, etc.

DIET AND HYGIENE.—The last, but not by any means the least important item of the treatment, is the hygienic and dietetic.

In regard to diet it should be very generous and as abundant as possible, without deranging the digestion. The strength of the patient should be kept up by all means consistent with good health. Radcliffe and Reynolds especially recommend that the food contain plenty of fatty substances, and the patient should be shown the necessity of his using this description of food. No personal objection of his should be allowed to intervene. Fat in some of its forms will certainly be palatable to him, and perseverance will be rewarded with success in the discovery of some form of this material which will be pleasant to his taste.

The patient should not be exposed to cold and damp. If he is confined to the house his room should be properly ventilated, and he should have an abundance of sunlight and fresh air. He should be warmly clad, and especially should the use of flannel under-clothing be recommended.

Physical exercise must be regulated so that it will improve nutrition, and at the same time not inflict severe fatigue. The patient should be removed from all those influences which are calculated to have a depressing effect, either physically or mentally.—W. F. E. and R. E. C.

1875.

CASES CONFIRMING SYMPTOMS.

BY E. A. FARRINGTON, M.D., OF PHILADELPHIA.

MRS. ——complained of *weakness of the lower limbs from the knees down; legs give under her when she walks;* at times cannot walk at all. I could find no exciting cause. Gave *Natrum phosphoric.* 10^{m}, four doses, dry, three hours apart; cured. This case confirms symptoms 172, 174 of provings. The patient had been sick three months.

Mrs. ——, after her last confinement in December, 1874 complained of intense soreness in the left inguinal region. Hamamelis ϑ externally, and the 30th internally. Relief only temporary. When she began to menstruate, which happened when her child was four months old, her suffering was extreme. The ovarian region was swollen; pains burning as from fire; agony; restlessness; numbness of the left limb; cold sweat; fainting. *Arsenic* 2ᶜ in water every half hour, seemed to relieve. During the succeeding month, an examination was permitted. Left ovary was found enlarged, rising above the bones, and laterally pushing the vaginal wall in towards the median line, and pressing the os firmly against the right side of the vagina. The tumor was extremely sensitive. It seemed to be about the size of a baby's head. Sepia 2ᶜ was given twice weekly for the following symptoms: Irritable temper; at times indifferent to her household; headache every few days over the left eye, with intolerance of light or noise; sallow complexion; gone feeling at the stomach;

dragging pains, heaviness in the abdomen; better sitting. Feeling in the rectum as if for stool, yet none passed; smarting, cutting during urination. The next period was ushered in with even worse distress. The bladder became involved, and with the burning ovarian pains there was frequent urging to urinate, with tenesmus and burning; urine passed in drops. *Canth.*[30] relieved, and the menstrual flow became established. Some emotional excitement, however, stopped it on the second day, and the following symptoms resulted:

Bearing down in the uterine region, worse walking, better holding up the abdomen with the hands; tenderness over the swollen left ovary; stinging-burning pains from ovary up into the abdomen and down the thigh; shooting pains from left ovary across to the pubes; urine causes a smarting sensation. Digital examination determined a prolapsed and sensitive uterus. *Lilium tig.*[30], twice daily. In three weeks ovarian swelling entirely disappeared. Has since menstruated with very little pain. On two or three occasions, when the pains returned severely, the *Lilium* effectually removed them.

1875.

REST AS A REMEDY.

BY BUSHROD W. JAMES, M.D., OF PHILADELPHIA.

The bitterest dose you can prescribe for a busy patient is rest, and yet it is the sweetest one he can take. Physicians are responsible for many lingering attacks of disease, by not enjoining recumbent rest for the incipient physical symptoms, and mental quietness for nervous and cerebral disturbances. Take an example of almost daily occurrence. A young and vigorous man has by reason of his ambition and indomitable energy, overtaxed his physical or mental powers, or both, for these are indissolubly and intimately connected. A few days of rest in bed and freedom from mental care, possibly but a few hours, will remove all symptoms and ward off the threatened attack of typhoid fever. The Materia Medica is sifted and conned over and over, and drug after drug administered from day to day; the disease progresses; enfeebled nature succumbs; he is then too much debilitated to leave his couch; a typhoid attack is now fully confirmed upon him, and he must brave its dangers for days and weeks, and possibly he may end it in an unsuccessful struggle with the grim monster death.

Who is responsible? The patient who did not know or realize the nature and danger of his approaching malady, or the medical prescriber who did know or should have known, if he had the faintest knowledge of diagnosis at all, but who hunted up and prescribed any remedy but the right one, early rest, complete and continued, until the overworn system was recuperated? Be ye careful, therefore, that ye kill not rather than cure. Begin with your proper common sense remedy, *rest*. Enjoin and enforce it at the *outset*, for one or two days at least, and it may save the case from a tedious run of a lingering fever. You are certain of not doing any injury, and should you have erred in diagnosis, still there is no harm done, and you have probably lengthened the patient's life considerably by this rest.

The ophthalmic surgeon when called to a case of conjunctivitis, iritis, retinitis, or in fact almost any acute disease of the eye, begins his treatment with prescribing rest of the eye above all other measures, for no medicine will be likely to act or succeed in curing without it. For a traumatic inflammation of the brain or for inflammation of any part of the body from injury, he insists upon the same thing. Should the physician be allowed greater liberties in prescribing repose, when many of the diseases which he has to contend with are as vital, or even more so, than those which we have just been noticing?

And yet it is not an uncommon thing for a medical attendant, from a cowardly fear of displeasing his patient, not to inform the invalid that rest is an essential element in his recovery, and must be taken as faithfully as the drug-remedy which he has prescribed.

Could the tomb but yield up in enlightened and animated forms for a season, those who have been allowed to die untimely for want of this great restorer, what a tragic scene would be enacted at the threshold of many of the members of the medical fraternity, and what ghastly advice would be returned to them by the mouths of their former patients!

I am not an advocate of idleness, laziness, or of luxuriant ease, for I believe that every one has a mission of some character in the world to work out, and that labor develops the human frame, mental and physical, and that industry during health should always, and at all times, be insisted upon; but when disease is making inroads upon the human system from any quarter, this essential element in aiding the recuperative powers of nature must be enforced as early as possible.

The climate, and improper ventilation, and many other causes, receive the blame for the numerous cases of consumption that occur, when in reality the disease is nothing more than a failing of the vital powers from too long-continued mental or physical labor, or both, without a sufficient amount of rest thrown in.

Dissipation and the present mode of social living, which involves insufficient sleep, and to the young the so-called fashionable parties and sociables, and overeating, and irregularities of diet, giving the digestive organs very little rest, does more toward laying the foundation for consumption or permanent ill-health, than all the vicissitudes of climate combined; for these things prepare the system and open the weak points for disease attacks, which a sudden change of weather is so ready to dispense. The well-rested, untaxed, unburdened human system is adapted to resist these atmospheric changes and hardships, and does it; but ambitious humanity presses onward in its business pursuits, constantly undertaking more than it should, until some vital organ must give way under the severe strain, and the lungs usually are the first to yield; and this suicidal decay is termed consumption, and Providence is murmured at for removing so many fair flowers from the earthly nursery, when it is oftener the invalid's own reward for murdering his own rest, and constantly breaking the well-known law of health,—commensurate rest to the labor performed each diurnal revolution.

Sphere of Its Use.

In hæmorrhage of almost every character it is a prime requirement. The increased tension upon the bloodvessels produced by greater activity of the heart when a patient is moving about, is calculated to maintain or increase the loss of blood.

Some sanguineous discharges require absolute rest in the recumbent position, such for instance as hæmaturia, hæmoptysis, hæmatemesis, me-

trorrhagia and hæmatochezia, in order to effect a cure, no matter what other remedy be used. Others again, such as epistaxis and proctorrhagia, may be relieved by other remedies without this, unless the flow is very profuse and continuous. In traumatic hæmorrhages the bleeding vessels must be sealed by ligature, torsion, or stypic application, but rest is not often requisite unless the loss of blood is so great as to require it in subsequent treatment of the case for recuperation.

The passive hæmorrhages that occur in the course of low types of fever or after protracted diseases, excessive evacuations, debilitated constitutions, long watching and loss of sleep, long fastings, or in impoverished systems from poor diet, or in cases of blood poisoning from noxious elements introduced into the body, all require rest, continued for a considerable time.

In typhus forms of fever it is an early need, and the importance of correctly diagnosing your case is probably nowhere more noticeable than in the incipient stages of these maladies. In spotted typhus, or cerebro-spinal meningitis, for example, the symptoms are particularly deceptive. The chill or coldness, and the neuralgic or wandering pains and weak feelings, are easily mistaken for a severe cold, and if the state of the circulation is not carefully noted, your patient may be in the grasp of death while yet walking about or sitting around. This is, in fact, one of the most difficult class of patients upon which this remedy can be enforced. They cannot be made to believe that so fearful a malady is at work.

The physician's duty is plain, however, and he must insist upon and impose at once this essential requisite.

Cholera, sporadic or epidemic, is another disease to which the same remarks apply; also acute congestions and inflammations of the viscera or any of the noble organs.

In dysentery, peritonitis, and typhlitis, it specially needs insisting upon. The patient should not even get up from the recumbent position. For alvine or urinary evacuations a bed-pan or urinal must be used.

Many an attack of dysentery is greatly prolonged and made dangerous by not attending to this injunction.

Some disorders, however, require just the opposite management, such as dyspepsia, melancholia, uncomplicated constipation, paralysis, after the acute stage is over, opium poisoning cases, etc.

Still other disorders are so violent in their attacks as to compel rest at once, and the patient goes to bed of his own accord, before the advice of the physician is sought. The greatest responsibility of prescribing rest is not in these cases, but in the more insidious forms of disease.

The largest and most important class of cases requiring its enforcement is that of sick children. It is our candid conviction that more children are killed with kindness, or would-be kindness, than die of cholera infantum every year.

Mothers and nurses have an infatuated insanity for jolting on their knees sick infants and children, or sitting them up on their laps and hugging and squeezing the abdominal and thoracic organs with their ungainly muscular arms, and throwing them belly downwards over their shoulders, and then patting them with their brawny hands on the back of the chest, until the little screaming sufferers, from sheer dread of being further pounded and made thus to suffer, cease their cries in despair of getting relief.

What is the result? Why, in all these fevers we have noted, and in brain inflammations, they are nearly always sent heavenward by such inhuman treatment. What would you think of a thirty-year old adult being thus abused? You would here insist on rest, complete recumbent

rest. Why not then to the more tender form of the child? Gentle care, and sometimes lifting and quietly moving it may become necessary, as in nursing an infant, or feeding a child, or attending to its wants; but the rough handling and usage of children one meets with so frequently when they are sick, is to my mind quite a murderous proceeding.

1875.

CONSTITUTIONS AND CONSTITUTIONAL TREATMENT.

BY W. H. BIGLER, M.D., PHILADELPHIA.

Man is no sooner born than he begins to die; the seeds of death are in him, and the same forces that result in life, ultimately, by their want of absolute harmony, result in death and dissolution. This mortalily lies at the basis of all disease. There is no such thing as absolute health. Were such a thing possible, disease would be rendered impossible, for it is only in the general predisposition to disease, common to all mankind, that morbific influences from without can find a basis on which and a soil in which they can develop into disease.

In thus developing they are modified in regard to form, duration, and intensity by the special predisposition to disease peculiar to the individual system in which they have taken root. This special predisposition, which we call *constitution* or diathesis, may be either hereditary or acquired, and modifies not only the manner in which morbific influences from without manifest their action, but also the signs by which the general predisposition to disease indicates its presence.

The great importance of having due regard to this prime factor in the production of disease in our treatment of it must be apparent to all.

From the earliest efforts to systematize the science of medicine, reference has been made to various constitutions. Hahnemann, too, had his Psoric, Sycotic, and Siphylitic as the basis of all chronic diseases; and Grauvogl his Hydrogenoid, Oxygenoid, and Carbonitrogenoid.

While fully appreciating the advantages of the divisions of the almost infinitely varied shades of individual constitutions, we would wish to suggest the possibility of increasing the number of recognized types, thereby lessening the number of therapeutic agents applicable to each, and of marking them rather by objective signs than by subjective symptoms (which is too much the case in Grauvogl's division), thus lessening the liabilities to mistake.

The peculiarities of the skin would, I think, afford the best basis of classification, and with these we would find in most instances those of its so-called appendages to agree.

In entering upon the task of classification according to objective signs, the physician would be obliged constantly to observe closely every peculiarity in the external appearance of his patients. He would first note the skin, its color, texture, and moisture; whether marked with freckles, moles, or warts; whether liable to be affected by temperature or moisture,

and whether subject to any disease. He would examine the hair, not only of the scalp, but also of the eyebrows and eyelashes, as to color, quantity, and quality. The peculiarities of shape and texture in the finger-nails would not escape his careful attention. In the teeth, their shape, regularity, and color, whether dead white or a pearly-blue white, he would find valuable hints for a diagnosis of constitution. The general appearance of the eyes, whether sunken, or prominent (as in heart disease), their color and lustre, would also not be neglected. In short, all the objective signs which mark the individual would be noted by him.

That all this has been done in certain cases we grant. We know for example how a Calc. carb. child looks; how a Puls. patient acts; how a Sulph. one walks; we have heard of the old warts of Caust., and the yellow nose-saddle of Sepia, and many more instances of the very kind of observations to which we have had reference; but the subject has never met with that persistent and systematized study that its importance demands. Not only in the treatment of disease should these things be noted, but equally important is it to know them in the persons of those who prove our drugs.

By a comparison of many such observations of objective signs with the various prevailing forms of disturbance of health, a degree of certainty would be arrived at of which we cannot at present boast. If a Prof. Hawkins can construct a gigantic prehistoric monster out of a few fossil bones, why should not the skilful physician eventually be able, from the first glance at a present patient, or even from the lock of hair of an absent one, to decide upon the constitution of the individual, the probable character of his complaint, and his constitutional remedy? Many claim to have been able to do this, and without lending too credulous an ear to the pretensions of quacks, we cannot deny the possibility of such claims being in some cases well founded.

The constitutional treatment of a chronic case can alone be regarded as the thorough and scientific one, and even in acute cases of any severity, it will often have to supplement the symptomatic one. From the constitution of the individual we can often be led to that of the family to which he belongs, and with the family constitutional remedy greater results can frequently be obtained than with any other, however carefully selected drug.

Of course it would be impossible for a single physician to make observations sufficiently numerous and varied to build thereon a classification of constitutions with their marks and peculiarities; it must be the work of many working together. Let each one, therefore, in recording a case, note as many as possible of the points to which attention has been drawn above, and in time enough data will have been collected upon which to generalize.

1876.

DEMENTIA PARALYTICA.

A Pathological and Therapeutical Study.

BY S. LILIENTHAL, M.D., OF NEW YORK.

The disease known as "progressive paralysis of the insane" has been more or less studied by alienists for the last twenty or thirty years, and among the laity it is better known as softening of the brain. Both the public and most physicians consider such cases incurable because they see their patients in the last stages of the disease, when its downward course is clearly perceptible, and nothing then can prevent the fatal issue. Most persons recognize such a patient only when he has made a laughing-stock of himself by his hyperbolic greatness, by the ruin which he perhaps has brought on himself and family, by the foolishness with which he threw himself into speculation and squandered his property away, and they recollect how he went from bad to worse, till paralysis gradually increased upon him, and finally be became only a wreck of his former self.

It is therefore of the utmost importance to study the prodromal stage of such a disease, and to prevent its growth, as we cannot expect to cure it when once fully developed.

Sander, of Berlin, in a lecture delivered before the Hufeland Society (*Berlin Klin. Wochenschrift*, No. 21, 1876), remarks, that frequently many years before the disease becomes developed the patient complains of *rheumatoid pains*, tearing, boring, shooting, etc, changing from one extremity to another especially in the lower ones. They are characterized by their sudden appearance and disappearance, show themselves mostly at night, and then the extremities are found in strong fibrillary motion. It will be most frequently observed in those cases of paralytic dementia which are combined with gray degeneration of the posterior columns of the cord; but they may be also observed without it. Such patients also complain years before of *headache*, from a mere dull pressure to the most excruciating pains; sometimes in paroxysms, in other cases continuous; sometimes caused or increased by pressure of the skull, with a sensation as if a band were stretched tightly around the forehead. But the seat of the pain is not always the forehead; it may be the vertex or occiput. In some cases this headache appears as a perfect hemicrania; at intervals of three or four weeks the patient complains of a unilateral pain, gradually increasing to its greatest intensity and then equally gradually decreasing, nausea and vomiting, great hyperæsthesia of the organs of sight and hearing, followed by exhaustion and sleep, the whole paroxysm running its course in twelve to thirty-six hours, with perfect ease during the intervals—in short, all the usual symptoms of hemicrania are present. It is well known that hemicrania is a frequent hereditary complaint, and mostly appears at an early age and during puberty; but in cases where there is no neuropathic disposition, and where no hereditary influence can be shown, and where the migraine sets in after a time when the brain is fully developed, say in a patient of about thirty years, then it behooves us to be careful with our prognosis and to watch assiduously

the health of our patient. We may even enjoy the fleeting satisfaction of having cured the headache, as it passes off by itself in the course of time; but the danger steadily increases, mental hebetude becomes more and more devoloped, and the period of irritability may at any time make its appearance.

Another interesting manifestation sometimes preceding paralytic dementia, is *blindness of colors*. Its rarity is easily explained, since we do not always meet cases with amaurosis and atrophy of the optic nerve. The visual power must not be lost too rapidly, so that at a time when the patient is still himself, he can judge of the loss of an ability to distinguish one color from another. This ocular symptom precedes, sometimes for a great while, every psychical manifestation, and such a patient may enter at last the asylum after having been treated for some time in ophthalmic hospitals or dispensaries. Other patients may only complain of diplopia or of squinting, and again a high degree of myosis may precede the acute psychical disturbance, and is of evil omen.

The *first motory disturbances* usually noticed in our patients are rather of a convulsive nature. Alienists know very well the prognostic value of these convulsive motions around the mouth and lips, these constant twitchings as of chewing and tasting. We must also take full notice of any change in the mobility of the extremities and in the speech or voice of the patient; for we do not deal in these cases with genuine paralysis, but rather with a gradual loss of the psychical factor which certainly plays an essential part in all our combined movements. If any one remembers how he acquired the art of writing, he knows that it is at first mental work to bring every muscle in its right position, and that the more we become used to it, the more all attention to it ceased, as the whole process remained deeply implanted in the memory. But in paralytic dementia a retrogression takes place, and this element, which gradually developed itself, now gradually becomes lost. The attentive physician or friend readily notices that the patient is not able to perform any longer, as formerly, those finer motions, except when he puts his whole attention to it With the gradual increase of these disturbances our diagnosis also becomes more and more clear; but it must be our aim to diagnose the disease at an early stage, and here any change in the speech or voice of the patient, the irregularities in his mode of writing, the injudicious manner with which he accomplishes motory processes to which he was used all his life, as the workman in his respective trade, each and all may be observed at a time when the psychical symptoms are still held in the background as it were, and do not show themselves as of that importance which they assume at a later period.

Epileptoid paroxysms also belong to the prodromal stage; a regular petit mal. The patient loses momentarily all consciousness; a sudden weakness of an extremity or of a side, a momentary loss of speech or inability to move the tongue, a kind of fainting or falling down, with pale features. Such or similar manifestations repeat themselves several times during the year, and gradually the weakness of mind makes itself felt. Convulsions may be a symptom of every fit, or palsies may even remain for a little while, but usually all paralytic phenomena belong to a later stage.

In relation to *mental symptoms* we have again sleeplessness as one of the first symptoms, and it appears often simultaneously with the harrowing headaches. The patient, still in his usual temper and without any mental disturbance, finds it impossible to compose himself to sleep, and even during sleep he wakes up frequently and unrefreshed and finds it hard to fall asleep again. No wonder that such patients become irritable at

this early stage of the disease and sensitive to all sensory impressions. They cannot bear the noise or prattle of their own children; they hate to go into the street on account of the noise, and sometimes they show a kind of idiosyncrasy for certain voices. In other cases they only complain of their excessive lassitude, and they feel as if they could hardly accomplish even a usual task.

Rokitansky (*Path. Anat.*, 3d edition, 2d vol., p. 463) considers the cause of paralytic dementia a hyperæmia, an inflammatory state, producing a proliferation of the connective tissue, which inhibits the function of the nerve-centres and finally leads to disorganizations. This massive increase of the connective tissue substance prevails in the gray cortex, and gradually changes from a tough gluey fluid to a fibrillar stiff mass, and such a proliferation can, in many cases, be followed from the gray substance into the medullary, and even into the medulla oblongata and spinalis, and it may take its start from most diverse parts of the nerve-centres. The adhesions of the dura mater, the thickening and the dulness of the arachnoidea and pia, and the increased formation of pacchionic granulations, seem to be caused by repeated hæmorrhages, hæmorrhages into the arachnoideal sac, the serous discharges into it, and in the subarachnoidal space, the œdema of the pia and of the brain, by hyperæmia *ex vacuo* in consequence of atrophy of the brain.

Calmeil calls this disease *periencephalitis diffusa chronica*, and Tigges (*Psych. Zeitschr.*, xx, 4) considers this morbid process an expression of active nutritive disturbance of the central nervous system, having its seat in the nervous and connective tissue elements of the gray cerebral substance extending to all formations connected with it, especially to the periphery of the hemispheres. Westphal coincides with this opinion, and considers progressive paralysis of the insane, in so far as it relates to the brain, a chronic, sometimes a more subacute interstitial periencephalitis, leading in time to the destruction of the cells of the ganglia and to atrophy of the brain.

Hitzig (Ziemssen's *Encyclopædia*, xi, 1, 797) treats dementia paralytica as an atrophy of the brain, and considers the prodromal manifestations of the utmost importance, especially as they often precede for years the eruption of the disease. With *paroxysms of vertigo and headache*, of more or less intensity, and with morning exacerbations, an unusual *irritability of temper* sets in, which formerly could not be observed. At an early date we meet *loss of memory* for things which happened only recently, whereas the patient remembers well the events of long ago; *absentmindedness*, *trembling of the facial muscles*, especially those around the mouth, either spontaneously or during movements of other facial muscles; *change of speech*, the tongue is moved with less energy and surety, especially the labial and hissing sounds are produced with difficulty; the tongue suffers from fibrillary twitching, so that he speaks as if slightly intoxicated. Even the voice becomes altered, so that a former tenor will speak in a lower key. *A difference in the reactive power and size of the pupils* is an early symptom observed in nearly half the cases. The alteration of the psychical action is characteristic of the disease; there is the absurd *mania de grandeur*, with constant forgetfulness; but this belongs to that stage when the disease has already entered on its downward course.

Krafft Ebing (*Psychopathology*, p. 139) remarks that the prodromal period of dementia paralytica may last for several years; *the manners of the patient change only gradually*, and especially so in their moral aspect. Such patients are apt to neglect their business, become slovenly, visit gin-mills and houses of prostitution; dipsomania and kleptomania (both from

loss of memory, that forgetfulness by which they neither know what they have just done nor recollect what is their own) are frequently observed; and thus by their irritability and forgetfulness they become involved in quarrels, till finally the law too frequently takes hold of such cases.

Let us enumerate again the prodromal symptoms of this terrible disease, and let us see whether we cannot by our rich armamentarium prevent what we cannot cure when at last it is fully developed.

Sander gives us:

1. Rheumatoid pains, especially in lower extremities, changing location, appearing and disappearing suddenly, mostly at night.
2. Headache in paroxysms, with the sensation as if a band were stretched around the head; hemicrania.
3. Color blindness.
4. Convulsive twitchings of mouth and tongue, changing speech and sound.
5. Epileptoid paroxysms.
6. Sleeplessness, or broken unrefreshing sleep.
7. Hyperæsthesia of sense of sight and hearing.
8. Excessive lassitude.

Hitzig:

1. Paroxysms of vertigo and headache, especially mornings.
2. Irritability of temper.
3. Loss of memory, especially for recent transactions, with good recollections of events long past.
4. Absentmindedness.
5. Trembling and twitching of the facial muscles and of the tongue.
6. Slow reaction of the dilated pupils.
7. *Mania de grandeur.*
8. Dipsomania and kleptomania.

We may consider Sander's symptoms as those of the prodromal stage, which may be observed many months before the disease enters the first stage, the symptoms given by Hitzig.

For the remedies which hold out some hope, let us study that classical work, Hering's *Analytical Therapeutics*, where we read (l. c., pp. 114 and 115) for *headache with ill-humor*, and especially in the forenoon: Amm. carb., Platina, Kreasot., Petroleum, Stannum (gradual increase and gradual decrease), Phosph., Calc. phosph.; for *headache with diminished intellectual power*, Phosph., Nux mosch., Sarsap.; for *forgetfulness*, Amm. carb., Caps., Caust., Mez., Moschus, Viola odora.; *sensation in forehead as if the skin were too tight, with anxiousness*, Phosph.; *sensitive to light, fretful, discontented, complaining*, Arsen.; *oversensitiveness of hearing*, Carb. veg.; *noise unbearable, with anxiety*, Aurum, Caps., Caust., Petrol., Puls.; fear, with noise in the street, Caust.; *cannot move the tongue right, with anxiety*, Caust.; *difficult speech*, Caust.; *absent, loses the train of ideas*, Ammon. carb. (p. 247); *convulsions with or without consciousness*, Kali carb, Lyc., Nux v., Plat., Plumb.; irritable, discontented, Nux v.; *idiotic condition before the attacks*, Caust.; *bodily and mental infirmity*, Natr. carb.; *lassitude in the limbs, with indisposition to work*, Ammon. carb.; *mental and physical prostration in the morning*, Lach., Phosph.; *lassitude with irritability*, Ambra, Calc. carb., Carb. veg., Caust.; *bodily weakness, with its increase memory declines*, Nitr. acid; *mental dulness with prostration*, Alum., Anacard., Aur., Digit.; *nervous affection, with mental listlessness*, Nux mos.; *no ambition, tires soon*, Nux v.; *indisposed to work or walk*, Zincum; *heaviness of mind and body*, Phosph., Phosph. acid; *sleep disturbed by restless dreams*, Ars.;

sleeplessness before midnight, Ars., Kali carb., Puls., Veratr.; *weak memory*, Carb. veg.; *periodical mania*, Arg. nitr.

Symptoms of mania de grandeur we find under Cuprum, Platina, Lycopod., Lach., Stram, Veratr.

Symptoms of extravagance under Ammon., Bell., Caust., Chinin., Iod., Petrol., Phosph ac., Plat., Stram., Sulph. Veratr.

Obtuseness of intellect, with obscuration of eyes, Carb. veg.

Weak memory, for correct writing, Lach.; for what has happened, Graph., Nat. mur., Sulph.; for words, Baryt., Lyc.; on awaking, Stannum; with debility, Nitr. acid; with headache, Kal., Mosch.

Sensitiveness of the ears to noise, with anxiety, Caps.; with ill-humor, Bell., Phosph.

Distortion of the mouth, Bell, Graph., Lach, Lyc, Nux v., Op., Phosph. acid, Sec., Stram.

Dilatation of pupils, Bell., Calc., Croc., Hyosc., Nux v., Op.

Difficult speech, Bell., Caust., Lach., Nux v., Op., Sulph., Stram., Veratr.

Kleptomania, Sulph., Puls., Ars., Bry., Kali, Lyc, Nux v., Sep.

Doxomania, conceited mania, Platina, Cupr., Hyosc., Lach., Lyc., Stram., Veratr. (2.) Alum., Arn., China, Con., Ferr., Ipec., Paris., Phosph., Sec.

Epileptic fits as a complication, Ars., Bell, Calc., Cupr., Hyosc., Ign., Lach., Merc., Op., Nux v., Plumb, Puls., Sulph

Considering the symptoms and their corresponding remedies here enumerated, *Causticum* strikes us as taking nearly the first place in the treatment of progressive paralysis of the insane. In the disease, as well as in the remedy, we find from the start great melancholy, looking on the dark side of everything, facial neuralgia and facial paralysis, weakness of voice, and other paralytic affections. Hahnemann (*Chronic Diseases*, iii, 78) gives us the hypochondriac depression of spirits, peevishness, dull, gloomy, pressure on the brain making the head feel obtuse, vertigo, incipient amaurosis, roaring and buzzing in the ears, rheumatic and arthritic affections of all kinds, tremulous weakness, epileptic convulsions, prosopalgia, paralytic affections, especially of one side. Allen (*Encyclopedia*, iii) gives us the whole complex of symptoms; the tearing, lancinating pains of the extremities, muscular twitchings, and excessive weariness in both limbs, especially in the morning in bed; attacks of spasms, in the morning in bed, sometimes with consciousness, at other times with unconsciousness; peevish, irritable mood, fretfulness, indolence, slow succession of thoughts, absence of mind with loss of ideas, weakness of memory (but no insane delusions are found under Causticum); vertigo, forward and sideways, at night in bed; vertigo, almost like a loss of consciousness, while sitting he nearly fell; constrictive pressure in the forehead; tensive headache arising from the nape of the neck; indistinct vision, it seems as though a thick cloud hovered before the eyes; spasmodic sensation in the lips, etc.

Ammonium carb. seems to be another remedy deserving our consideration in the prodromal stage of this fearful disease, although the symptoms are here less clearly expressive than in the former remedy. Allen (l. c., i) gives us: Gloomy and uneasy mood, aggravated by cloudy weather; low spirits, with considerable excitement; very forgetful, and headache when reflecting, absence of mind, with anxiety; speaks and writes incorrectly; weight and confusion of the head; vertigo, as from intoxication; great lassitude, and disinclination to all work; most severe muscular contractions, spasms; violent rheumatic, drawing pains through all the limbs, hands, feet, nape of the neck, head, etc.

Lachesis can only be of service in the prodromal stage of the disease, before sclerosis of the connective tissue and atrophy of the nerve-fibres take place. There are certainly very few remedies which gradually undermine the functions of the nervous system so unmercifully as the snake-poisons; hence we also find them indicated from the stubborn and still only transient migraine at the beginning down to the breaking down of all vital power, as we witness in decubitus and gangrene. How characteristic, also, is the great prostration, as manifested by loss of muscular power, slowness and softness of pulse, stupid delirium, etc. (C. D., *Hom. Rev.*, iv, 114), which we meet in this class of animal poisons; and the late Professor Frost (*Hom. Rev.*, v, 490), truly remarks that no other remedy, save perhaps Arsenicum, can be compared in its far-reaching influence upon the deepest and most interior recesses of the human organism with Lachesis. It not only reaches the disease in the very penetralia of the system, but follows its course and completely removes it, even after it has produced such structural changes as, in themselves, threaten to become destructive. Jahr (*Symptom. Codex*, ii, 19) recommends Lachesis for persons with a melancholic or choleric temperament, with a phlegmatic spongy constitution; with dark eyes and disposition to lowness of spirits and indolence; for acute and chronic rheumatism, recurring every year; for emaciation and exhaustion; for hemiplegia; for convulsions and epilepsy. Among its symptoms we read: Indolent, taciturn, brooding and melancholic; he considers himself too feeble to do anything, with aggravation of the symptoms every other day; great absence of mind; great weakness of memory, he forgets entirely what he had been hearing a moment before; frequent mistakes in writing; vertigo, with staggering to the left side, early in the morning after rising; deep stinging through the whole head; deepseated headache; sensitiveness of the eyes to light; dim and weak eyes; very sensitive to noise; prosopalgia; distortion of mouth and lips; difficulty of speech, as if the tongue were too heavy; rheumatic pains extending from the back to the limbs; difficulty of falling asleep for weeks; no sleep in spite of great lassitude; constant exhausting sleeplessness; aggravation of all complaints after sleeping; painful wandering of the pains from one part to another; awkward, stumbling gait; hemiplegia; typical recurrence of the aggravations.

Nux vomica.—As this remedy, according to Hughes, has no influence on the cerebrum proper, it may be questionable whether it can have any influence on any organic cerebral disease; still clinical facts prove that Nux vomica exactly suits such cases which owe their origin to sexual excesses and immoderate intellectual exertion, and also to persons of middle age, especially when they have changed their former busy life for a quiet one. The old school also claims to have derived many a benefit from hypodermic injections of minimal doses of Strychnine in this disease; and wherever the prodromal and even the first stage lasts a good while, Nux may be the simile to the existing stage of the disease. Among its symptoms we find: Periodical affections of the nervous system; tearing, drawing-tensive rheumatic pains, with weakness and feeling of numbness in the affected parts; hyperæsthesia of the nerves of the senses; tonic spasms and convulsions; emotional epilepsy; central softening of the spinal cord (here also the gray matter); paralysis of the upper and lower extremities; periodical headache, gradually increasing, and after reaching its acme, gradually decreasing; dulness of mental powers; obscuration of sight; paralysis of the tongue, with difficult and indistinct speech, in consequence of cerebral apoplexy. The irritable temper of Nux is well known, and even for the second stage of the disease we find

corresponding symptoms, as awkwardness, he easily stumbles against something; makes mistakes in speaking and writing (certainly cerebral functions); compression of the head as from nightly revelling; chronic vertigo, with obscuration of sight and buzzing in the ears; twitching of the facial muscles; distortion of the mouth to one side, etc.

Phosphorus is the grand remedy for a weak, exhausted brain. Here we have to deal with a disease whose whole tendency is to degeneration of the nerve-mass, to atrophy of the brain, and we might with certainty expect some benefit from a remedy which causes fatty degeneration throughout the body. In the new school, as well as recently in the old school, it occupies a prominent place as an anti-neuralgic remedy, and phosphoric paralysis found its exponent in the French school (Hughes, l. c. 607), which found it truly homœopathic when dependent on lowered vitality, or even on softening of the centres. Hempel says that Phosphorus seems to be in relation with the element or principle of the brain which regulates the renovation of the nervous tissue. If the reproduction or supply of nervous tissue is deficient or abnormally altered by some cause or other, Phosphorus is, under certain circumstances, the great power which enables us to repair the damage. We read in the *Symptomen Codex*, ii, 477, that, according to Noack and Trinks, Phosphor. is indispensable in acute affections in the course of which the cerebro-spinal system of nerves becomes very much depressed and finally threatened with paralysis; also in chronic diseases characterized by great debility and an impoverished vitality; and that it has been employed with success in morbid conditions characterized by nervous irritation, rheumatism, disposition to paralysis, etc. Among its symptoms we find; Great lowness of spirits; great irritability; forgetful and dizzy; vertigo; dull stupefying headache; constrictive headache every other day; frequent attacks of sudden blindness in the daytime, and sensation as if a gray cover were hanging over the eyes; constant buzzing in the ears; pale, sickly complexion; great weariness in the extremities; sleeplessness and restlessness; heaviness of mind and body, etc.

Aurum.—The suicidal melancholy of Aurum seems to mark a contra-indication for this remedy in any stage of this disease, certainly during the expansive delusions. During the consequent stage of apathy and palsy it can hardly be indicated; still it was prescribed by close observers on account of the venous hyperæmia in the brain. We find here hypochondriasis, but not melancholia so much; the epilepsy rests upon a very material basis; the exhaustion is a natural consequence of premature senility, hence the disgust of life, and we mention it only as having many symptoms in common with the prodromal stage, but the causes being so often different, it will be only in rare cases of real benefit. It may alleviate but will not stay the ravages of this disease.

Cuprum.—What Zincum is for later stages Cuprum might be for the prodroma. Hughes (l. c, 334) remarks that almost every form of cerebral disorder has been induced by the poisonous action of copper, while at the same time autopsies (was the microscope faithfully used?) showed no sign of organic mischief. According to Schmid, of Vienna, all the cerebral disorders cured by Cuprum are of the reflex order, which would limit the applicability of Cuprum in dementia paralytica to very rare cases; still, Rademacher's indication, when there is premature exhaustion of strength in illness, may point towards its use in patients of neurotic temperament, especially where heredity can be shown.

Plumbum induces a kind of degeneration of all the tissues; the nervous centres are found indurated or softened, and headache, amaurosis, neuralgia, palsy, anæsthesia, epilepsy occur during life. The muscular tissue

throughout the body is wasted and contracted; there is complete decay of the bodily and mental powers, with profound melancholia (Hughes, l. c., 641); and further on the same author remarks that the epilepsy of Plumbum implies the existence of some amount of degeneration of the nervous centres, thus rendering Plumbum as truly homœopathic to chronic as Hydrocyanic acid is to recent epilepsy. Thus we might think that a perfect picture of dementia paralytica lies here spread out before us, but in opposition to it we must mention that in lead its first effects are felt by the organs which derive their nerves from the splanchnic system of nerves, after these the sentient and motor nerves are affected, and finally the brain and the cerebral nerves. Superficially considered, the symptoms of progressive palsy of the insane appear to run a similar course, but the difference lies in the starting-point of the disease, which, according to all authorities, is always cerebral, and thus it will hardly be of benefit in the prodromal stage.

Silicea.—Carroll Dunham, in his usually masterly manner (*N. A. J. of H.*, xx. 361), thus describes the action of Silicea on the nervous system: "With evidence of exhaustion, furnished by sensation of weakness, paralysis, etc., there is an exalted condition of susceptibility to nervous stimuli; the special senses are morbidly keen, the brain cannot bear even moderate concussion, and the whole surface is unnaturally tender and sensitive; cold aggravates and warmth relieves. *There is an erethism, conjoined with exhaustion*, which is not evanescent, but endures for some time." Certainly such a remedy promises much in the prodromal stage of our disease, and carefully studied and applied in the right case may fulfil this promise and lead to a cure.

The same may be said perhaps of some other remedies. Our aim is not to wade through our whole immense Materia Medica, but rather to give only hints which may aid the student in the selection of a suitable remedy. "A stitch in time saves nine," is an old and true proverb, and nowhere more true than in just such diseases which run their downward course *cito et tuto*, if not restrained by the hand of the conscientious physician.

1876.

PNEUMONIA.

BY THE ALLEGHENY COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

Synonyms: Peripneumonia; pneumonia vera; pneumonia notha; capillary bronchitis.

Varieties: Croupous and catarrhal pneumonia; acute sthenic pneumonia; broncho-pneumonia; lobar pneumonia; acute pneumonia; interlobular pneumonia.

History.—In the early days of medicine both pleurisy and pneumonia were thought to be one and the same disease. Hippocrates and Galen, although recognizing these diseases, did not in their writings give distinctive difference, nor was a distinction made between these two diseases in a satisfactory manner until Laennec wrote, since which time his

writings have stood the test of numerous investigations. Many other writers have not only confirmed his views, but by indefatigable study and research have proved that different portions of the lung are subject to disease.

Etiology.—For the sake of brevity, the etiology of pneumonia with its different varieties will be considered collectively.

The remote cause of the disease is so obscure, that notwithstanding the investigations of many distinguished men, it has so far escaped detection.

What I mean by this is, that cold, or the opposite extreme, has generally been recognized as the direct agent of this disease, but how they happen to produce pneumonia or why the lungs become subject to their effects is not clear to our understanding, any more than the reason why exposure to cold brings to the human system numerous diseases.

The general impression, during the last century, has been that the first exciting cause was in consequence of a chill. This fact (or what was supposed to be one) was held good until a number of statistics were gathered which proved it by no means constant. Grisolle asserts that a discoverable cause of this nature could only be affirmed in one-fourth of his cases. Ziemssen says that among children, a discoverable cause only existed in one-tenth of his cases. Wilson Fox in fifty cases could detect but fifteen caused by a chill However small the ratio may seem, we are compelled to admit that a chill is the most common (though by no means constant) of the discoverable causes. In many cases that occur, we can infer from this, there is a peculiar constitutional predisposition, in consequence of which causes, so slight as to pass unnoticed at the time of exposure, may produce results which persons less predisposed would have escaped; so that it would seem there can be but little doubt that pneumonia, in many instances at least, must depend in a great measure on predisposing constitutional or local conditions, whose nature is unknown but whose influence is distinct.

Bearing these propositions in mind, we will now consider other influences which have a bearing upon the cause of this disease.

The most prominent of these is climate. It has been observed that a climate presenting rapid variations of temperature is more productive of this disease than one of a uniform temperature, either hot or cold. Thus Fox observes that throughout the European continent below sixty degrees north latitude pneumonia is very prevalent, exceeding in frequency latitudes further to the north, the variations of temperature being rapid, and hence the tendency to this disease. This is, to a great extent, true of some of our Southern States, especially Florida and Texas, where the variations of temperature are not so rapid as further north, but the mode of living is such that, in connection with a variable temperature, it makes pneumonia very frequent and fatal. In Cuba and among the other islands of the West Indies the native physicians say that, next to those malignant epidemics which ravage that region, pneumonia is most common and fatal. Nor is this remarkable when we consider their mode of living, especially that of the common people. They generally live in huts built of dry mud, with no boards on the floor; two doors on opposite sides of these huts in many instances afford the means of entrance, exit, and ventilation, so that the temperature within these tenements is considerably lower than the outside, and the occupant, working out in the fields and coming from a temperature of perhaps a hundred degrees, perspiring freely, and entering these houses where in some instances the temperature is sixty degrees or lower, experience a change which in its direct effects expose them to the causes which may produce the disease in question. With the causes above enumerated the clothing and food of these common

people, insufficient in many cases for vigorous bodily exertion, has a tendency to lower the vitality of their systems, and thus contribute a constitutional defect which renders them still more liable to the disease. It can be inferred from the above that common people are more liable to pneumonia than the better class. Statistics show this to be true. Among the country people laborers suffer more than the proprietors; in the army, soldiers more than the officers.

It has been stated as a truth by all writers, and I think abundantly confirmed, that pneumonia is most common during periods of the year in which there are the greatest changes of temperature. Thus, in our country, we have more cases of pneumonia during March, April, and May, than in December, January, and February. This, according to Huss and other writers, is the same on the Continent.

In regard to the nature of the air, Huxham states that cold dry air is most frequently productive of pneumonia of an inflammatory type; that bastard pneumoniæ are produced most commonly in damp seasons. Dr. Jackson states that in Massachusetts, which has a damp climate, they have many complications of this disease, owing, as he thinks, to the nature of the atmosphere. The atmosphere, whether dry or damp, it seems must be variable, as the explorers of the Arctic regions tell us that in those regions of extreme cold this disease is almost unknown.

In regard to sex, it seems to be only confirmative of what has been said in regard to exposure; for while in early life the difference is not observable, in adult life, or when occupations differ, the males, suffering more from exposure, are more liable to the disease.

The Hippocratic doctrine that the strong and robust suffer more than the weak, although having yet many supporters, is not fully proven. That many strong and robust men have this disease there can be no doubt, but from their being strong and robust they are more generally exposed than the weakly ones, who, knowing their condition, are apt to select occupations where there will be less danger from exposure.

From the observation of Dr. Hughes Bennett we are led to infer that weakly subjects, such as those affected with rickets, etc., are more liable than any other class to attacks of pneumonia. Grisolle gives a record of twenty-four patients dying affected with rickets, more than one-half of whom had pneumonia; but whether this was produced by rickets or by the hypostatic congestion from position, he does not state.

A predisposition is noticed among patients who have had pneumonia to be affected again, one attack predisposing them to others. Andral relates a case which had fifteen attacks in eleven years. Rust has on record one where the patient had twenty-eight attacks.

Traumatic attacks of pneumonia are very frequently caused by blows, fractured ribs, penetrating wounds, etc. The entrance of foreign bodies into the bronchi cause, in some cases, rapid and uncontrollable pneumonia, producing very often the most serious consequences. Irritating vapors produce a pneumonia, often of the lobular variety. This is especially the case with chlorine vapor. Experiments by Glendoin with this vapor on animals produced in them the disease in question.

Concerning the influence of disease as an etiological element in producing pneumonia, measles seems to be the most prominent, and seems to affect children more severely than adults, depending upon the irritation among the bronchi to cause this disease, aided and influenced by the changes of temperature already noticed Again, in some epidemics of measles there are more cases of pneumonia than in others, caused, perhaps, by certain conditions of the atmosphere.

Typhoid fever is said by Murchison to be next in frequency the cause

of this disease depending to a great extent upon the hypostatic congestion of the lungs produced in part by position.

Scarlatina in the second stage has caused pneumonia, especially when the disease is followed by albuminuria, less frequent in the first stage. From my limited experience I am of the opinion of Bright, who, in a hundred cases, had only six from or with albuminuria.

Raynor, however, it is said, found pneumonia in half his cases. Becquerel, in a hundred and twenty cases, found twenty per cent. I have had a very few, indeed, where in the first stage albumen could be detected. Rather would I look for albuminuria to be caused by pneumonia than albuminuria to be one of the causes of pneumonia.

Among other diseases cited as causes of the disease are bronchitis, catarrh, and bronchial catarrh. The latter, I think, cannot be classed among the causes. I would say, however, that it is a forerunner of this disease, which, unless checked, makes its appearance in one or two days.

Lastly, the epidemic cause. It has been a disputed question whether we can have such a cause. I think that in some seasons the cases here, in our latitude, are so numerous and come on in such an undiscoverable manner, that we are led to believe in such an idea as an epidemic, and the number of cases happening in Philadelphia last winter seems to confirm that opinion.

L. H. Willard, M.D.

Clinical History.—One of the first symptoms of this disease is a want of animal heat. The patient complains of being cold, no matter how high the surrounding temperature may be. The thermometer, if placed in the axilla, shows an increase of temperature from 1° to 1½° F. This may last for a day or two, when in some cases it culminates in a chill of more or less severity, which is apt to occur just after retiring for the night. The chill is speedily succeeded by pain in the head, back, limbs, with thirst and fever, and later by profuse perspiration. These symptoms are soon followed by cough, dyspnœa, with a feeling of weight and heat in the region of the sternum. A very rapid pulse, circumscribed redness of one or both cheeks, coated tongue, constipated bowels and scanty, high-colored urine.

The pain in the chest is acute, lancinating, and in all respects identical with the pains in acute pleuritis, and proceeds in most cases from the pleuritis developed in conjunction with the pneumonia, and is referred to a circumscribed space near the nipple of the affected side.

As the disease advances respirations are increased in frequency, the cough becomes very distressing, and the expectoration viscid, rusty, and in some instances bloody; under the microscope it exhibits epithelium, mucus and pus-cells, and blood-corpuscles. The rusty appearance is due to a small quantity of blood intimately mixed with other excreted matter; if in large quantity, it gives the prune-juice color. The adhesiveness is such that when any quantity remains in a vessel it will adhere to the bottom when the vessel is inverted. Expectoration is wanting in some cases. In grave cases the dyspnœa is very great, compelling the patient to lie on the back with the shoulders very much elevated.

Fever occurs with the invasion of the disease; the pulse varies much in frequency in different cases, ranging from 80 to 120 per minute, and is full and hard. When the temperature rises above 104° F. it denotes great severity of the case (Ziemssen speaks of a case terminating favorably when the temperature had reached 107.2°). A sudden increase of temperature indicates the invasion of a new lobe or some intercurrent affection, rarely accompanied by a chill. A notable decrease of tempera-

ture sometimes precedes the fall of the pulse and improvement in the case. During convalescence the pulse frequently falls below what is normal, sometimes to 40 per minute.

Pneumonia has been divided into two stages by pathologists according to the anatomical character at the different periods of the disease. The *first stage* embraces the period during which the affected part is congested. We find slight dulness on percussion over the affected part; the respiratory murmur is very feeble and crepitation distinct, as revealed by auscultation. When the disease is confined to the lower lobes there is nothing gained by physical examination of the other lobes of the same side; but in the other lung, if the disorder is not double, the respiration will be more distinct than normal, owing to greater activity. Usually as early as the third day the disease enters its *second stage*, that of *hepatization* (Flint speaks of this state occuring in a few hours in one case). The dulness on percussion becomes more marked and extended; bronchial respiration will soon take the place of the feeble vesicular murmur and crepitation. Now all the general symptoms are increased in severity; the fever is more intense, pulse more frequent, the respiration more hurried, cough more troublesome, and the expectoration viscid and rusty. It will be noticed that the pulsations of the heart do not increase in proportion to the number of respirations. These symptoms are more severe after the middle of the day, and continue so until the turn of the night, when they gradually become milder and allow some little rest, provided the extent of the lesion is slight; but if great, you will find very little modification in any of the symptoms until the disorder has passed its climax.

The appearance of a vesicular eruption around the mouth during this stage is considered as a favorable sign. The stage of *hepatization* lasts from two to four days—in some cases longer—when we enter the *third stage*, that of *resolution*. The pulse now becomes less frequent; the cough not so annoying; the expectoration is more easy, less tenacious and rusty; the fever not so high; urine more abundant; the bowels more regular; the tongue clammy; the appetite improving and the patient on the way to a speedy convalescence. After resolution has set in we may distinguish by auscultation the crepitant sounds as heard in the first stage. The improvement in the respiratory sounds always commences at the upper part of the lung. Dulness disappears in proportion as resolution advances until the sounds are normal. Should the disease pursue an unfavorable course, the *third* stage may be one of suppuration or purulent infiltration, formation of abscess, and generally ends fatally in a short time The pulse grows feebler and more frequent; the expectoration is abundant and purulent, or may cease. The strength of the patient fails. The nose first, and then hands and feet, become cold, and death takes place by exhaustion of the heart or by suffocation. Gangrene may set in during this stage, which we may recognize by the decomposed pulmonary tissue and its foul smell, the general collapse and colliquative sweats; this occurs most frequently in pneumonia of drunkards.

Pathologists have described different forms of pneumonia, which we will simply call attention to, as the chapter on treatment will explain more fully these varieties in applying the remedies to each individual case.

Chronic Pneumonia.—When the infiltration remains after an acute attack of pneumonia; it does not affect the organism at all, or else keeps it in a long-lasting state of debility. The fever accompanying such cases is of a hectic character. The patient looks like one suffering from tuber-

culosis. Abscess may form, and death take place from exhaustion or the invasion of some acute disease.

Catarrhal pneumonia is almost entirely an affection of infancy, and usually a secondary trouble; occurs in consequence of the inflammatory process spreading from the bronchi to the pulmonary cells; is almost always confined to single lobes, and on this account the name *lobular pneumonia* has been given it. The invasion of the disease is often marked by convulsions, such as may occur in other acute affections. Catarrhal symptoms of the chest and bowels follow, fever, dyspnœa, superficial respiration with fanlike motion of the nostrils, frequency of pulse, red, or pale face, hot head, excited or soporous condition. Should the symptoms not moderate soon the face assumes a livid hue, and death ensues in a few days. If the disease make a turn for the better the cough becomes loose, respiration freer, and everything seems tending slowly toward a favorable end. Cerebral symptoms are said to accompany inflammation of the upper lobes much more frequently than of the lower.

Pneumonia may occur during an epidemic of some malarial fever, as typhoid, and will run a course as though it was simply a complication of the fever, which is at times the case. Patients present the general indications of typhus, and frequently signs of enteric irritation, with physical indications of pneumonia.

Hypostatic pneumonia may occur in patients debilitated from sickness and lying in one position for a long time. The blood gravitates to the lowest portion of the lung, the bloodvessels give way, and an exudation of blood or serum takes place. There is little or no fever at first; percussion reveals dulness at the lower angle of the scapula, which extends as the disease progresses; respiratory sounds diminish.

Pneumonia from Embolism.—If one of the small vessels is closed, there may be no symptoms follow; but if one of the larger ones, there will be great dyspnœa coming on suddenly. Fever may be present or not. The general history will have to be taken into consideration in forming a diagnosis.

There are certain symptoms belonging to the clinical history of pneumonia not included in the foregoing. One is the change in the urine: during resolution the chlorides are absent, and are recognized in the expectoration, as will be mentioned in the section on diagnosis. Albumen may be present in the urine, but if in any quantity it denotes renal complication.

Functional derangements of the heart are often noticed during the course of the disease, and are always looked upon as dangerous complications.

The jaundiced condition which we meet with denotes congestion of the liver.

Tubercular infiltration may take place during the stage of hepatization, especially when the upper lobe is the seat of the trouble.

The average time for an attack of pneumonia to run its course is from twelve to fourteen days.

Pneumonia attacks some portions of the lungs more frequently than others, as will be shown from the annual reports of the Vienna hospitals, during a period of twelve years. In 7747 cases treated,

53	per cent.	were	cases	of the right	lung;
37	"	"	"	left	"
10	"	"	"	both	"

Pneumonia commences in the lower lobes in a much greater proportion than in the upper.

C. F. Bingaman, M.D.

Anatomical and Pathological Changes.—Pneumonia has been divided by pathologists into three varieties, namely, catarrhal, serous, and croupous pneumonia; and for the sake of pathological exactness, in a paper of this kind, I have thought it well to mention the different varieties. Catarrhal pneumonia, says Dr. Raue, is in fact but a bronchitis, extending into the finest or capillary bronchi, and is by some authors called *capillary* bronchitis. Like all catarrhal inflammations it is characterized by a hyperæmic state of the mucous membrane lining the bronchi affected, causing abnormal secretions, and, if long continued, a gradual change in the structure of the parts; the mucous membrane appears injected, ecchymosed, infiltrated, opaque, swollen, and covered with secretion.

In serous pneumonia there is an exudation in the air-cells and finer bronchial tubes of a serous fluid; sometimes it is confined to a small portion, and at others extends over the whole lung. It may be either acute or chronic. When acute, the lung-tissue is injected with blood, tense, leaving on pressure no dent; on section there oozes out of it a bloody serum, which contains much albumen; all the air is driven out by the serum, and the lung is easily torn. In the chronic variety the lung-tissue appears pale and is tough; upon pressure a dent remains; the serum is of a pale-yellowish color, thin, and contains but little albumen; the lung is heavy and puffed, similar to other dropsical swellings, and deprived of air as far as the infiltration of the serum extends. The acute variety develops itself in consequence of congestion during catarrhal affections, measles, scarlet fever, small-pox and typhus; also during croupous pneumonia, pleurisy, pneumothorax and emphysema. The chronic form is found mostly accompanying heart disease, tuberculosis, Bright's disease, or as a complication with hydrothorax and ascites.

In croupous pneumonia, the first appreciable change resulting from inflammation of the lungs is the same as that noticed in other structures, namely, an abnormal accumulation of blood, or hyperæmia, due to active congestion or engorgement; the inflamed lung-tissue is heavier than in its normal state; on section the cut surfaces present a dark appearance, and blood flows in abundance, intermingled with serous liquid, more or less frothy; the appearance of the lung at this stage of the disease much resembles that caused by hypostatic congestion. But the latter affects the portions which are dependent, and are not confined to one lung, while the former is usually confined to one side, and not always limited to the portions into which the blood would accumulate by gravitation; the air-cells are not yet obliterated, and, though somewhat obstructed by extravasation, still contain air; the lung-tissue is more compact and heavy, but less tenacious than in health, and notwithstanding its increased density, still floats in water. This condition lasts but a short time, and extravasation soon sets in; a coagulating material escapes from the blood, and coagulates within the air-cells; the cells are filled with the exuded matter, and cease to contain air; the lung-tissue becomes solidified, and in appearance much resembles that of the liver, and has been termed the stage of hepatization; the weight of the affected parts is much increased, a single lobe frequently weighing from one to two pounds; on section the cut surfaces have a granular appearance, and more or less liquid escapes; the substance of the lung is softened and easily broken down by pressure under the finger; upon examination under the microscope, the substance filling the air-cells is found to be composed of molecular matter, supposed by Flint to be composed of amorphous fibrin or lymph in a granular form, epithelium, fatty granules and blood-disks. If the progress of the disease be favorable, the exuded matter within the air-cells is removed,

according to Flint, by absorption, while Rindfleisch and others think that it is mainly by expectoration. After the removal of the morbid products contained within the cells, they are found to have sustained no damage, circulation is restored, and the functional activity of the affected structures gradually returns. But if the progress of the disease be unfavorable, absorption of the morbid products within the air-cells does not take place, and the affected lobe or lobes are infiltrated with liquefied fibrin and pus. This condition is called purulent infiltration; the lung presents a grayish appearance when divided, a purulent liquid flows freely from the cut surfaces; the substance is much softened, breaking down on slight pressure; occasionally collections of pus take place, forming pulmonary abscesses; gangrene of the affected portion of the lung sometimes occurs, but this as well as the occurrence of abscess is extremely rare. Pleurisy, limited to the affected lobe or lobes, usually occurs, and is developed coincidentally with the pneumonitis; in some cases the concurrent pleuritis is wanting; it varies much in degree in different cases, being sometimes slight and at other times severe. Much liquid effusion into the pleural cavity occurs only as an exception to the rule. The pleuritis, in most cases, is circumscribed and dry. More or less bronchitis affecting the bronchial tubes within the affected portion of lung-tissue usually exists with pneumonia; in some cases, however, the pneumonitis passes through its whole course without affording any evidence of this limited bronchitis. Bronchitis affecting the bronchial tubes of both lungs is sometimes, but rarely, present in pneumonia. When these two affections are combined, it is accidental. Bronchitis as the primary affection does not tend to the development of pneumonitis, and the latter has no tendency to give rise to bronchitis, except within the affected lobe or lobes.

ROBERT RAMAGE, M.D.

DIFFERENTIAL DIAGNOSIS.—Pneumonia, when the disease pursues its typical course, is readily diagnosed from other affections. Its distinctive features are so pronounced that it is rarely mistaken for any other disease. Occasionally, however, a given attack may fail to exhibit all the usual symptoms, a part may be obscured or absent. It is in such cases that a knowledge of differential points proves useful. A number of diseases bear more or less resemblance to pneumonia, but as the majority of them occur less frequently, they are more likely to be mistaken for it than *vice versa*. The chief symptoms of inflammation of the lungs are: hot, dry skin, flushed face, quick pulse, extremely rapid respiration, pain in the chest, cough and peculiar expectoration. As the clinical history is embraced in another department, we will simply treat of a few of the most important diagnostic symptoms. The characteristic expectoration consists, at first, of a dry, glairy mucus, which clings tenaciously to whatever it touches; as the disease progresses it becomes more viscid and assumes the rusty color produced by the intimate admixture of blood with the mucus and exuded matter; sometimes it becomes purulent or assumes the appearance of prune-juice, both of which symptoms indicate the destruction of lung-tissue. Another marked symptom is the increased frequency of respiration; the patient draws from forty to eighty breaths per minute. The pulse, though very rapid, is not accelerated in proportion, as in other fevers. Notwithstanding the severity of the febrile symptoms, cerebral disturbance is rarely met with, and its appearance always indicates great danger. The flush on the cheeks is peculiar; it is almost always present, but is much darker and more clearly defined when the apex of the lung is affected. The urine presents the usual characteristics of fever, with the additional peculiarity that in pneumonia the chlorides

disappear from it, and, instead, can be detected in comparatively large quantities in the expectoration. It is said that a reappearance of the chlorides in the urine is always followed by a favorable change within twenty-four hours. The physical signs of pneumonia are very prominent. The crepitant râle during each inspiration, in the first stage, can generally be relied upon. In the stage of red hepatization are perceived dulness on percussion, blowing respiration and increased vocal fremitus. Râles from accompanying bronchitis and pleuritic friction-sounds are sometimes heard. The above are distinctive symptoms, not common to other diseases, and when present determine the diagnosis beyond a doubt. Among the diseases which in part resemble pneumonia are acute phthisis, pleuritis and bronchitis, pulmonary apoplexy, pulmonary œdema, and pulmonary engorgement in fevers. A very acute case of phthisis might possibly be mistaken for pneumonia; still, the presence of chlorides in the urine, the difference in the comparative frequency of pulse and respiration, and the absence of rust, ought to be sufficient to exclude the latter from consideration. In cases of acute bronchitis the absence of dulness on percussion affords a sure means of distinguishing it from pneumonia; and further, in bronchitis the fever is less severe, the dyspnœa less, the cough more paroxysmal, more pain in the limbs, coryza and a yellowish-green expectoration. Between acute pleurisy and pneumonia Da Costa makes the following distinctions. We find

IN PLEURISY.	IN PNEUMONIA.
1. Sharp pain; friction-sound; dry cough; impaired chest motion.	1. Dull pain; crepitant râle; cough followed by expectoration.
2. In stage of effusion, obliteration of intercostal spaces; enlargement of side; displacement of viscera.	2. In stage of hepatization none of these signs are manifest.
3. In majority of cases, dulness, with enfeebled or absent respiration, voice, and fremitus.	3. Dulness, with marked bronchial respiration; distinct thoracic voice; increased vocal fremitus.
4. Sputa frothy, rarely any râles in chest.	4. Sputa rusty color; râles from accompanying bronchial imflammation common.
5. Febrile symptoms usually slight.	5. Febrile symptoms severe.

Pulmonary apoplexy, or effusion of blood into the tissues of the lung, is a rare affection. It is generally accompanied by external hæmorrhage and dyspnœa. Over the effused blood there is dulness on percussion, and around it moist râles are heard. These symptoms resemble those of pneumonia, but we miss the fever and other diagnostic points. The dyspnœa occasioned by the two diseases differs. In pneumonia it gradually increases with the increasing severity of the malady, while in apoplexy it is greatest when the blood is extravasated and afterwards declines. Heart disease is generally associated with pulmonary apoplexy as its cause. Pulmonary œdema, or transudation of serum into the air-cells is sometimes met with. It may be acute, but is generally chronic, and is seen as dropsy of the air-cells associated with dropsies elsewhere, and in connection with organic disease of the liver, heart, or kidneys. Its characteristic manifestations are: embarrassed breathing, expectoration of frothy serum, and crepitating and very fine bubbling sounds diffused over both lungs. These symptoms may mislead, but a careful scrutiny of the

case will render the diagnosis easy. In fevers of a low type a crepitant râle, caused by pulmonary congestion, is often heard at the back part of the chest. It is usually noticed over both lungs, and this fact, in connection with the history of the case, and the absence of other signs and symptoms, removes all cause for error.

Prognosis —The gravity and danger in cases of pneumonitis proceed not so much from the disease, *per se*, the inherent tendency of which is towards recovery, as from coexisting affections and other incidental circumstances. In forming an opinion the age of the patient and the side involved should receive especial consideration. The fatality in persons between 21 and 30 years of age is 9.3 per cent.; from 30 to 40, 3.7 per cent.; from 40 to 50, 13.3 per cent.; from 50 to 60, 47 per cent.; from 60 to 70, 55.5 per cent.; from 70 to 80, 83.3 per cent. Again, the right lung is broader and shorter than the left, therefore infiltration to the same level would produce greater disorder in the right lung than in the left, because more respiratory surface would be lost. There is also greater resistance to the return of blood to the heart from the right side than from the left, the vein from the former having a longer path to traverse, and therefore venous stagnation more frequently causes œdema in the right lung than in the left. Accordingly deaths from right pneumonia occur more frequently than from left pneumonia, in the proportion of nearly 15 to 6. In cases occurring as a primary disease, limited to a lower lobe, remaining uncomplicated, and the person affected having a fair constitution, the rule is recovery. Of 133 cases analyzed by Flint, in only two of the fatal cases was the disease limited to one lobe, and not complicated or associated with other affections In one of these two cases the disease was seated in an upper lobe, and eventuated in abscess. The danger is greatly increased if the inflammation be developed in the course of any specific disease, or is complicated by pericarditis or delirium tremens, or if it occurs in persons affected with organic disease of the heart. Gangrene or abscess renders the prognosis very unfavorable. A typhoid condition, involving increased danger, is indicated by frequency and feebleness of the pulse; great frequency and labor of respiration; lividity of the prolabia and face; an abundant purulent or muco-purulent expectoration; bloody or dark-colored sputa; active, violent delirium, or low, muttering delirium, with prostration and subsultus tendinum. Dr. Flint refers to the formation of heart-clot as one of the most frequent causes of death. In the majority of fatal cases death takes place by asthenia in combination with apnœa, the former predominating. Pleuritic effusion or the rapid invasion of two or three lobes, increases the danger from apnœa. When convalescence takes place it usually progresses to complete recovery. The tendency to pass into a chronic form is exceedingly slight. Nor is there any tendency to relapse Tuberculous deposit rarely becomes developed as the sequel of pneumonitis. When phthisis follows, the deposit of tubercle probably existed prior to the pneumonia The mode of treatment influences the prognosis greatly. The following will show the comparative rate of mortality under the different systems of treatment. In the Vienna General Hospital, during the years 1850–52–53, the mortality was from 21 to 22 per cent Of 1522 cases treated collectively in the Glasgow Infirmary, the Vienna General Hospital, and by Drs. Walsh, Taylor, and Peacock, of London, 24 per cent were fatal. In the Vienna Homœopathic Hospital, during 1850–51–52, the rate of mortality was from 6 to 7 per cent. Of 783 cases treated in the German Homœopathic Hospital, a little over 5 per cent died. The practical bearing of the above statistics is very apparent.

The influence of pneumonia on pregnancy is such that abortion always,

and death frequently, occurs. In consequence of the impairment of the respiratory functions carbonic acid gas accumulates in the blood, in a greater or less degree, and causes the death of the fœtus, which is followed, necessarily by abortion.

JOHN C. KING, M.D.

TREATMENT.—We propose, in giving the treatment of this disease, to take the remedies alphabetically, noting their more prominent characteristic indications; remarking, however, that as auscultation and percussion may furnish us with *a knowledge of the condition of the lungs*, they become *helps*, but not *authority* in the selection of the remedy. This knowledge may direct us to *the class of remedies* from which the proper one may be chosen. The individualization of the remedy must be reached by the comparison of the symptoms with the drug.

Under Bryonia, Phosphorus, and Tartar emetic you will find extracts quoted from an article by S. Lilienthal, M.D., in the *Transactions of the Homœopathic Medical Society of the State of New York*, 1873 and 1874. Here permit me to say that the careful perusal of this article will amply repay any who have not yet read it.

Aconite.—In the first stage, in robust individuals. Intense fever, preceded by chill, hot dry skin, quick and hard pulse; accelerated, labored, incomplete respiration, with restlessness; palpitation of heart, fear of death, dry cough. When splenization is present, percussion-sound is still clear, and crepitating râles are distinctly audible. Pulmonary hyperæmia. Sputa thin, frothy, and tinged with blood.

Arnica.—Where the disease is caused by mechanical injury, and where in plethoric individuals pneumonia infiltration has a tendency to hæmorrhage.

Arsenicum.—In cases complicated with extreme prostration; clammy perspiration; urgent thirst, drinking little and often. Shortness of breath on slight exertion. Dry and dark tongue and lips; diarrhœa; singing and buzzing in ears; tendency to colliquation and dissolution; periodicity of more prominent symptoms; aggravation during rest; threatened gangrene, with ichorous expectoration. In asthmatic persons. In old people, and where it arises from repercussed eruptions. If œdema of lungs sets in all at once, with passive hyperæmia of the lungs, as not unfrequently occasioned by defects of the right side of the heart. In hypostatic pneumonia. Hoarse after midnight. Sudaminæ.

Belladonna.—Pneumonia with cerebral irritation. Turgor venosum; delirium; sleepiness, with inability to go to sleep; aggravation at 3 P.M. Pneumonia arising from or accompanying acute bronchitis. In very old people and the pneumonia of drunkards. Pneumonia of a typhoid character from beginning.

Bryonia.—Cough, attended with expectoration of viscid or tenacious mucus of a brickdust color. Shooting pains in the chest. Pain increased by moaning or breathing; breathes with help of abdominal muscles. Better from lying down and on affected side. Foul tongue; constipation. Toxical effect is to produce exudations in the lungs. In second stages. Red hepatization is fully developed. When the stomach is inactive and the liver is engorged and somewhat painful. When you have added a gastric catarrh. Desire for large draughts of water, or little or no thirst, with dryness in the mouth.

S. Lilienthal, M.D., says: "The bronchial arteries are exposed to the influence of this remedy, and as these branch off into the pleura, the latter will also be affected by it. Bryonia must, therefore, be the remedy in diseases of the lungs, which have to be considered as continuation from

the pleura. That such a one always will be lobular, the division of the bloodvessels teaches us."

Carbo veg.—It is the third or suppurative stage that presents a symptomatic picture for the employment of charcoal. Profuse cool perspiration. Pulse small and rapid; great prostration. Great weakness; feels fatigued; tongue dry; little or no thirst; foul, decaying diarrhœic stools; breath foul; craves cold air; foulness of all secretions; rattling in chest; distressing cough, without any expectoration. Incipient paralysis; bloated face; veins injected. Old people; chronic. Abscess and gangrene set in. Sputa fetid and badly colored. In emphysematous individuals. In pneumonia complicated with defect of the right heart. Where the inflamed lung is suffering from chronic catarrh; where complicated with acute bronchitis.

Chelidonium.—Right side; bilious symptoms. Pain under right shoulder-blade; great and quite irregular palpitation of heart. Stitches in left chest during an inspiration.

China.—Indicated more on account of its general effect upon the organism than on account of its specific action upon the lungs. Better indicated where bleeding has been resorted to, and the strength of the patient is very much reduced. If hectic symptoms have set in, with marked prostration of all reaction, or if, during the subsequent course of the disease, the threatening pulmonary symptoms become associated with hyperæmia of the liver, icterus, intestinal catarrh, violent distress in the stomach Chronic pneumonia.

Cuprum.—Abscess in the lung has been found in cases of poisoning by copper. Useful when complicated with whooping-cough. Lobular pneumonia; when formation of abscess threatens. Previous catarrh in chest, with cough, or in bowels, with diarrhœa. Sudden dyspnœa, with suffocation; face earthy, dirty, bluish, roof of mouth always red; sweat sour-smelling; diarrhœa. Threatens paralysis in children.

Digitalis.—When there are marked symptoms of passive hyperæmia of the brain, it either removes or moderates the threatening symptoms of an imperfect return of blood from the brain.

This remedy is to be thought of in affections of the heart, whether they existed as chronic affections previous to the occurrence of pneumonia, or whether they occur as acute affections during the course of pneumonia. Acute dyspnœa is aggravated by their presence, an active as well as passive hyperæmia of the brain sets in much more readily, and the resolution of the exudation is much retarded and rendered much more doubtful by such a complication.

Especially useful when such complications occur in old people.

Ferrum.—No ailments previous to the chill; dyspnœa increases slowly; face pale, and in adults becomes collapsed, hippocratic or expressionless, stiff and stupid; the roof of mouth always white; skin neither cold nor burning hot; laxity of fibre and a weak, easily compressible pulse, are found in senile pneumonia, where this remedy acts promptly.

Hepar sul.—Preferable after third stage has set in, when symptoms are comparatively mild, a lentescent fever is present and the suppurative process does not extend over a large portion of the lung. Acts well in young and vigorous children. In chronic pneumonia, if after suppressed inflammation, profuse purulent expectoration sets in. Has effected a cure of pulmonary abscess.

Hyoscyamus.—Toxicological post-mortem appearances exhibit marked hyperæmia of the lungs, but they are filled with a black fluid blood, and are infiltrated with serum. This remedy should be considered valuable in hypostatic pneumonia when supervening during the course of other chronic affections; in pneumonia complicated with typhus; in pneu-

monia of old people and when acute œdema of the lungs sets in. A violent delirium, with loquaciousness and merriment, should always direct our attention to this remedy. As an intercurrent remedy, it is often admirably useful in nocturnal, spasmodic, dry cough, such as frequently occurs in pneumonia during the prevalence of influenza.

Iodine.—May be used in the pneumonic state which originates from tubercles in the lungs, or when the suppurative process goes on without any marked febrile symptoms, assuming rather the form of a slowly progressing hectic condition, entirely confined to the lungs.

Ipecacuanha.—When respiration is very rapid and difficult. Hyperæmia of the brain without sopor. Convulsions; an exceedingly spasmodic cough, with suffocative paroxysms and asthmatic complaints, which even remain after the cough; loud mucous râles in the chest; coldness of the extremities and heat of the head are the chief indications for this remedy, not forgetting whooping-cough as a complication.

Kali bromide.—In case of drunkards.

Kali bichrom.—Morning aggravation, with characteristic tough, stringy expectorations.

Kali carbonicum.—Worse in morning; asthmatic; whooping-cough; inflammation of lungs, with stitches and tearing in chest, suppuration and abscess.

Kreasotum.—Dry, wheezing cough; oppression of the chest. Gangrene of lungs cured by Dr. L. H. Willard.

Lachesis.—Great dyspnœa, worse in afternoon or after sleep; left side; badly smelling stools even if formed; threadlike pulse; clammy sweats. In chronic form. If third stage has arrived, with purulent dissolution of the exudation. In asthmatic and old persons. In threatened gangrene of the lungs (fetid breath and sputa).

Lycopodium.—Circumscribed redness of the face; sweat without relief; fanlike motion of the nostrils; copious expectoration, which affords no relief; red, sandlike sediment in the urine; worse from 4 to 8 P.M. Typhoid or neglected pneumonia, after suppressed menses.

Mercurius.—When the fever is not so active; pain and difficulty of breathing still continues, with profuse nightsweats; pulse weak but frequent. Bilious pneumonia. Great tenderness over the region of the stomach and liver; pain in right side. In asthenic pneumonia feeling of weight in lungs, short cough and expectoration of bloody saliva. Pneumonia complicated with bronchitis. This form is generally epidemic, and when so, this is always a leading remedy. Likewise for catarrh accompanied by a deep irritation of the nervous system; the nose, larynx, and trachea become affected slightly for a few days; suddenly the fever becomes more violent, the catarrhal secretion ceases, dyspnœa sets in, together with a spasmodic, generally nocturnal cough, without any or with a yellow-green, blood-streaked expectoration; skin burning hot, at times covered with copious sweat; tongue yellow and soon becomes dry; senses dulled; violent headache, soporous condition, with light delirium; complains of little or no pain.

This remedy is especially suitable to cases of pneumonia of children, which generally assumes the lobular form, the more so the younger the individuals.

Moschus.—In irregular reactions or insufficient crisis in asthenic, torpid inflammations of the lungs, which frequently take place in consequence of bleedings; this remedy may be useful, among others, in apparently hopeless cases.

Muriatic acid.—Pneumonia with pleuritic exudations. Typhoid characteristics.

Natrum ars.—In pneumonia complicated with asthma. Where pains are of a stitching character in costo-cartilaginous region. In tardy convalescence.

Nitric acid and Phosphoric acid.—May be mentioned as intercurrent remedies on account of their general action more than their special relation to the lungs; they deserve attention during the whole course of the third stage. Useful in protracted cases in weak cachectic individuals, where there is a sudden abatement of pain, and yet an increase of the pulse in smallness and quickness.

Nitrum.—Annoying feeling of heaviness in the chest, as if some great load were pressing the thorax together; can drink only little sips for want of breath; great dyspnœa, must lie with head high; stitching pains in the chest and bloody expectoration. Suppuration of the lungs, with profuse (colliquative) perspiration.

Nux vomica.—In pneumonia and bronchitis combined. Indicated in secondary pneumonia processes, in pneumotyphus, in delirium tremens complicated with inflammation of the lungs, and in various forms of so-called nervous pneumonia.

Opium.—Symptoms originating during or aggravated by sleep; absence of pain, except a constrictive sensation in the chest; labored, rattling respiration, or very slow, almost imperceptible, even suspended breathing; sudden blueness of the face; staring, immovable, half-closed eyes; somnolence before or after an attack; trembling, twitching and jerking about of the whole body, or else rigidity of the body; general coolness of the skin; irregular, intermittent pulse; constipation. Opium caused pneumoniac infiltration in case of a child that died from poisoning by this drug. In infantile pneumonia, especially where the pulmonary inflammation is absolutely disguised by symptoms of cerebral congestion and oppression. Note particularly the cyanotic color of the upper part of the body, with a slow, stertorous respiration, which must evidently be regarded as a sign of paralysis proceeding from the brain. In old age we meet with a similar picture of pneumonia. When all medicines are ineffectual, where considerable cerebral symptoms are present, Opium generally brings back the central nervous system again to its normal activity, and consequently secures a normal reaction. In pneumonia and many other diseases of drunkards, the excellence of this drug is accounted for by a similar train of argumentation.

Phosphorus.—Dulness of sound on percussion; bronchial respiration, frequently attended with crepitation or rattling. On dissection of animals poisoned by Phosphorus, the vessels of the lungs exhibited a state of hepatization; before death, panting, difficult breathing and vomiting of large quantities of a bloody serous-looking substance. In a human subject poisoned, the inferior lobes were of a firm consistence and gorged with venous blood.

S. Lilienthal, M.D., says: "Phosphorus is the representative for diseases of the pulmonary arteries. It causes great stagnation of the blood in the pulmonary arteries, with traces of a single coagulum. Such diseases are always lobar, because the pulmonary arteries form the capillarity of the alveoles. Phosphorus also causes infarcto, embolies, pyæmic clots, and is, therefore, *the* remedy for such diseases, except when the adjective of the disease requires another remedy."

Coughing increases the difficulty of breathing. Pleuro-pneumonic inflammations, in which the pleura is pretty extensively implicated, particularly in the second stage, when mucus or sanguineous mucus is expectorated. Tightness across the chest, with a dry cough and rust-colored sputa. A large portion of the lung involved, great dyspnœa. Sensation

of weakness. When verging on the third stage, we have purulent infiltration of the parenchyma, with mental depression, slight delirium, carphologia and subsultus tendinum, rapid prostration of strength, cold, clammy sweats, small, feeble, frequent pulse, dim eyes, sunken features, dry lips and tongue, short, laborious breathing, oppression and anxiety, tedious cough and expectoration, frequent loose and involuntary stools, or long, narrow, hard stools, very difficult to expel. Threatened paralysis of the lungs. Tall slender persons, and those who are weak-chested.

Pulsatilla.—Principally recommended in the pneumonia of anæmic and chlorotic individuals; in such cases it is evidently the general spasmodic condition of the organism, not the local affection, that has been had in view.

Rhus radicans.—In a case complicated with pains in the chest or sides, or of a rheumatic character, this remedy may be advantageously employed.

Rhus toxicodendron.—Typhoid pneumonia. Epidemic pneumonia, and when the catarrh is dry and malignant fever symptoms manifest themselves. Among the symptoms we find: loss of strength, sopor, hardness of hearing, subsultus tendinum, unconscious discharge of stool and urine, dryness and heat of skin, hard, dry and sooty tongue.

The dyspnœa of Rhus tox. is peculiar and occasioned by distension of the pit of the stomach. Rhus has a tendency to cause exanthems, therefore is useful in case miliaria break out. Pneumonia setting in from the commencement with adynamic fever.

If in the first two days the diagnosis wavers between typhus and pneumonia; if the local process commences at the outset as if modified by a general determination of the mass of blood, this will be the remedy.

Rhus expectoration is the color of brickdust or bloody. Pains aggravated by rest; patient tosses about in vain to get relief. Worse at night. Tearing rasping cough. Tongue red at tip.

Sambucus.—In old persons, and in asthmatic individuals.

Sanguinaria.—In second and third stages. Great difficulty in breathing; lies upon back, with head elevated. Not much pain in chest, but that of a stitching-burning character; pulse quick and small. Face and extremities inclined to be cold, or hands and feet burning, with circumscribed redness and burning heat of the cheeks, especially in the afternoon. Cough with tough and rust-colored expectoration. This remedy is spoken highly of by Dr. C. Hering.

Senega.—According to its pathogenesis, is to some extent a remedy for pneumonia; but its therapeutic value in this respect is very much diminished, in that the painful sensations which it occasions in the thorax are more particularly felt on the outside. In other respects it is particularly adapted to diseases of the respiratory mucous membrane, and for this reason, to pneumonia complicated with bronchitis.

Sepia and *Silicea*, by their local as well as general symptoms, are important in excessively slow, purulent, as well as in true chronic pneumonia. In neglected pneumonia, with copious, very offensive expectoration, these remedies are found especially effective.

Spongia.—Broncho and croupous pneumonia. Expectoration tastes sour or salty. Worse when lying down; wheezing, anxious breathing; burning and soreness in chest; congestion of chest.

Squilla.—Useful in forwarding the crisis. In pneumonia accompanied with gastric symptoms, and where the expectoration is copious, or in cases which had previously been treated by venesection, and other remedies had failed to rouse the sinking energies of the patient. Pain in

chest worse in morning. Morning cough worse than evening cough, although expectoration in former is copious and thin.

Sulphur,—There is quite a diversity of opinion in regard to this remedy in pneumonia Jahr, in his *Forty Years' Practice*, says: "I know of no better remedy. If diarrhœa supervenes, Sulphur is indicated above every other remedy. If the inflammation has entered upon the second stage, that of hepatization, with a dull percussion-sound without resonance and bronchophony, Sulphur is the chief remedy. In all neglected cases it should be used. In pneumonia occulta, lentescent pneumonia, Sulphur is the specific. In typhoid, when all others fail, this is the remedy." Marcy and Hunt say: "It is important in certain protracted cases, occurring in psoric or scrofulous subjects, and which threaten to terminate in phthisis. Indeed, in most cases of chronic pneumonia which seem to have arrived at a fixed point, the patient neither improving nor apparently retrograding, we should always bear in mind this powerful antipsoric." Baehr objects to Clotar Müller's views, not believing that Sulphur ever meets synochal febrile symptoms.

Baehr says: "In our opinion, Sulphur is indicated if pneumonia passes through its first two stages without any great deviations from the normal course, or without any striking changes, and then remains stationary without the supervention of any typhoid symptoms, such as occur in pneumonias to which Phosphorus is specially adapted. The patients do not seem extremely ill; the fever may be intense, or may have commenced to abate; in this condition the disease has often continued for weeks; this is most frequently observed in pneumonias treated with venesection. Now is the period for the exhibition of Sulphur, and it is astonishing with what magical rapidity the organic reaction is sometimes kindled by this agent. It makes no difference whether the individual is otherwise diseased or not; whether dyscrasias, psora, tubercles are present or not. A deficiency of reaction, and a simultaneous absence of such symptoms as point directly to the destruction of the organic powers, constitute, in our opinion, the best indications for Sulphur. We agree with Wurmb, when he advises not to delay the employment of Sulphur too long; the fifth or sixth day is generally the best time for this medication."

Eidherr says, when exudation sets in—that is, when auscultation reveals the crepitation-sound, other symptoms are: Much rattling of phlegm in the chest; frequent weak, faint spells, and flashes of heat; feels suffocated; wants doors and windows open; constant heat on top of head.

Phosphorus, the great *pulmonary remedy*, does not act on the bronchi, and cannot therefore be indicated in such diseases from anatomical reasons. If the disease takes on a dangerous turn on account of dyspnœa or cyanosis the question arises, *Tartarus* or *Phosphorus?* The former gives intoxication by Carbon on account of paralysis through *serous infiltration; Phosphorus* on account of albuminous infiltration of the lungs.

Tartarus Emeticus.—In uncomplicated pneumonia this remedy is seldom indicated prior to the third stage. If resolution takes place rapidly, and the reabsorption is slow, and the dyspnœa becomes considerable, Tart. emet. acts well; also in bronchial complication; epidemic fever. Is more suitable for old people than for vigorous and young persons, although it is of the first importance in children when pneumonia is complicated with whooping-cough; or in pneumonia supervening during the presence of emphysema; likewise when catarrh of the stomach is present. Other symptoms are: Loose cough; cutting of phlegm in chest, which is not expectorated; great dyspnœa; short, difficult, oppressed

breathing; impending paralysis of lungs; nausea with efforts to vomit; chest feels as if lined inside with velvet; bilious pneumonia.

Tartar emetic, says S. Lilienthal, M.D., produces catarrh in the finest bronchi. The bronchi are filled with a quantity of fluids; the alveoles contain serous masses (the fibrin is pushed long ago into the background). Œdema pulmonum is a collateral symptom of capillary bronchitis. The cure of such a disease takes place by expectoration, and *Tartarus emeticus* causes such expectoration. It especially corresponds to the infantile constitution, and catarrhal pneumonia is exquisitely an infantile disease.

Terebinthina.—Baehr says: To what circumstance this remedy owes its recommendation for gangrene of the lungs cannot well be explained from a homœopathic standpoint; it will most probably exert a more specific curative effect when administered by inhalation than when conveyed to the diseased organ by the stomach.

Veratrum album.—Dyspnœa, with a slight rattling of mucus; dry and spasmodic cough, accompanied by marked cerebral congestion; a hurried and small pulse, cold skin and cold sweat, together with excessive debility. Also in croupous pneumonia, and when pneumonia supervenes during whooping-cough. In old people when complicated with cerebral hyperæmia.

Veratrum viride.—In the beginning, when congestion and inflammation have fairly set in, with strong quick pulse; nausea and vomiting of a glairy mucus; sinking, faint feeling in pit of stomach; constant burning distress in the cardiac regions; regular intermitting pulse.

Different authors mention Asclepias tuberosa, Ammonium carb., Ammonium mur., Aurum chlor., Baryta, Bromium, Camphor, Cannabis, Cantharis, Conium, Natrum mur., Zincum, etc, as remedies to be consulted. We will now call attention to the accessory means to be used in this disease.

The patient should be placed in a clean room, of easy ventilation, in a comfortable bed, with light woollen blankets; keeping the temperature at about 55° Fahr. If it be necessary to raise the temperature by fire in a stove, have a vessel with water in it on the same, so that the dryness of the heat may be modified by the vapors from the water. Too high a temperature in the sick-room not only makes the patient uncomfortable, but renders him more sensitive to the least exposure, and the slightest draught of air will aggravate his condition.

Regularly sponging the face, neck, and arms, and occasionally the entire body, will not only be of benefit, but greatly refreshes the sufferer. The temperature of the water should be but little lower than that of the room. The character of the air in the sick-room must receive attention; it should always be kept as pure as possible; too many persons in the room soon vitiate the atmosphere; nor should any strong odors be permitted. Strong-smelling disinfectants, such as carbolic acid, chloride of lime, etc., should never be tolerated; finely pulverized charcoal, or dry, fresh earth in shallow pans, placed about the room, or cloths saturated with inodorous liquid disinfectants will answer all purposes. Do not omit the removal as soon as used of vessels containing fæces and urine. Do not darken the room, but place the bed in such a position that the light does not shine directly into the eyes of the patient. Patients, as a rule, make a better as well as a more speedy recovery if exposed to the light.

Another important point is the *posture* of the patient. He should not be laid quite flat, but somewhat propped up in bed; this posture—necessary in all inflammations of the chest—tends to obviate the stasis of blood in the lungs, by favoring its freer general circulation, and enables the

patient to take an easier and deeper breath. The greatest danger to old people is the acute œdema, and the paralysis of the lungs by which the œdema is often speedily followed.

In order to obviate this event, the patient should be put on a nourishing diet and have a little stimulating wine given him, whatever the antiphlogistic theory may say against it. As an additional precaution the patient should be directed to change his position quite frequently, and keep the upper part of his body in a more or less vertical posture, lest hypostasis should set in, which otherwise might easily occur.

Juergensen says: "If the infiltration of the lung is extensive, it is not uncommon for attacks of syncope to occur, when the patient is obliged to sit upright for a length of time. This should be borne in mind in making an examination. I have seen alarming weakness of the heart's action follow immediately under such circumstances. The usual causes of collapse, such as loss of blood, severe diarrhœa, etc., may, of course, also contribute to such a result." Your attention is also called to another point. Care should be taken not to expose the patient's head to any radiating heat, such as having the head too near the stove or fire, as local affections of the brain may be produced by the influence of radiated heat upon the head. Juergensen in this connection remarks: "I should not lay as much stress upon this point, if I had not several times seen severe cerebral symptoms in children during pneumonia continue as long as the patient's head was exposed to the radiated heat of a very hot iron stove, and disappear as soon as the position was changed."

Besides the application of water in form of sponge-bath, great relief is often obtained from application of the wet sheet, renewing it as often as the heat of the body demands it. A continuous poultice, made thick, of linseed meal, is one of the best methods of providing for the local loss of vitality. Spongiopiline or woollen batting to fit the chest in front and back like a bodice may be used. Anointing the chest and covering with oil-silk has also been used with good effect.

In pneumonia *anorexia* is a constant symptom, as it always is in the febrile state. In some cases it may be even more marked than in other diseases, on account of the urgent difficulty of respiration which occupies the patient's whole attention. He has no time to hold his breath, no time to swallow, least of all to masticate. Moreover, the act of swallowing frequently excites distressing and long-continued paroxysms of coughing. In many instances the patient endures the tormenting thirst rather than satisfy it at the expense of cough. This is seen most conspicuously in practice among children. In many cases the taking of anything into the stomach, food or medicine, causes retching and vomiting. Small pieces of ice swallowed when nausea is first felt will often prevent the vomiting.

This, ice, is the first article to be thought of in reference to diet; while the inflammation lasts the patient will want scarcely anything in the way of nourishment aside from drinks. Cold fresh water is the best drink, and should be withheld only when it provokes coughing; then the pounded ice may take its place. Toast-water, rice, or barley-water, mucilaginous drinks, sweetened with a little sugar, or if the sweetening causes acidity of the stomach, mix a little currant jelly with the water in place of sugar. Cleansing the mouth and teeth regularly not only refreshes the patient, but is an important aid in maintaining the appetite. Any food that is given should be seasoned with a sufficient quantity of common salt, which is valuable, too, on account of its nutritious properties. Water-soups and diluted milk with a little wheaten bread may answer for a time. If any appetite is manifested, although the fever has not abated and the temperature is still high, I would give several times a

day some rare finely scraped meat with bread and butter, for the nourishment applied to the body protects its tissues from greater loss and renews what has already been lost. You may also give a small quantity of malt extract, or malt beer, sweetened with a little sugar, not drank too often, will be found very refreshing. When the patient is very weak at an early period of the disease, good broth should be given; also in the case of a dynamic fever and œdema of the lungs with cardiac exhaustion; in the latter may be included pneumonia of drunkards. Generous wine will be needed, or what may be preferable, the use of homœopathic alcohol used in connection with the medicine. The manner of using the alcohol in my practice has been to prepare the medicine in a two-ounce vial containing two drachms of alcohol, then filling up with water, giving, as the case may require, one or two teaspoonfuls for a dose. I have used this plan in the case of old people with good effect; there need be no fear of an undue stimulation. It is impossible, however, to lay down rules regulating the use of stimulants: each physician, by close observation at the bedside, will best satisfy himself when and how to use an article which at one time acts as a friend in need, and at another may become a foe indeed. Particular attention should be given to properly instructing those in attendance upon the patient, as much depends upon the timely use of different articles allowed by the physician.

Convalescence should be promoted by generous nourishment, especially using articles rich in albumen.

Attention is called to the development of the respiratory muscles. Says one authority of note:

"Every one who has gone through an attack of catarrhal pneumonia may be exposed, more than before, to the danger of becoming phthisical and the best prophylactic against this is the development of powerful pectoral muscles."

"Vascular congestion," says Meyhoffer, of Nice, "considered in itself, is nothing but a paralytic condition of the capillaries; it follows that all the means which tend to restore their elasticity are its curatives. With regard to pulmonary congestion, we know no agent which has a more promptly vitalizing effect on the pulmonary vesicles than respiratory gymnastics. All prescriptions of this method which act especially on the upper lobes of the lung and solicit at the same time deep inspirations, produce in a given time a more beneficial effect than any other remedy."

The foregoing leads me to speak of the respiration regulator, which Dr. J. C. Burgher brought to the notice of the profession, in an able essay, read before the American Institute of Homœopathy, an account of which will be found in the published Transactions for 1873. I desire, in closing this article, to say that this instrument combines in its simplicity all the desirable points sought for, as a reliable and convenient aid to respiratory gymnastics.

William R. Childs, M.D.

1876.

A CASE OF CHRONIC NASAL CATARRH.

BY M. FRIESE, M.D., OF HARRISBURG, PENNA.

A lady aged about fifty years, with a good physique, originally became affected with catarrh, and was treated allopathically two years, with a constant increase of the disease. She had been treated *secundum*

artem, according to the usages of the old school of medicine. When I first examined her, in the month of May, 1875, she was in quite a deplorable condition. There was extensive ulceration of the nose, extending into the throat as far down as I could see, and forward over the hard palate, the bones of which were affected so as to cause a throwing off or exfoliation of a portion of these bones. The patient could not take any food except a little thin gruel, in consequence of the great pain produced by the act of deglutition. She was considerably emaciated, and more or less fever was present every day, followed by perspiration at night. All her symptoms taken together presented an unpromising condition. In consequence of her having been thoroughly medicated with various drugs, including Mercury, I commenced the treatment with *Hepar sulph.*^{3}, at the same time forbidding the use of any local or topical application. Not even water was allowed to be applied to the affected parts. Improvement commenced very soon, and continued regularly until the end of the year, when she was about as well as ever. She could eat all kinds of food, had regained her strength, the ulceration was cured, the secretion of mucus, of which there had been a great deal, of a greenish-yellow color, with offensive smell, had ceased. In short she was entirely well.

I attribute her recovery as much to the non-application of any local remedy as to the Hepar sulph. There is no doubt but that the Hepar antidoted the allopathic drugs, and had a specific relation to the case, but I doubt very much whether it could have cured it, if the local irritation had been kept up by topical treatment. I think that no case of catarrh or ozæna can be cured by local treatment, inasmuch as the mucous membranes want perfect rest from all irritating influences. The nasal douche, even when used simply with water, is hurtful.

1876.

IGNATIA IN DIPHTHERIA.

BY HENRY N. GUERNSEY, M.D.

Physicians who have never used Ignatia in diphtheria, or in diseases in which throat symptoms are prominent, know little of the extent of its usefulness, even in very bad or the worst cases.

When we see the patient, as we often do at the first visit, with the manifestations of the throat trouble on *the right* side, we at first naturally think of Lycopodium as the indicated remedy. The exudation is on the right side and has commenced there, although the left side may also be to a greater or less extent invaded, and the right side of the neck is considerably swollen. Thus far the indications are similar to those for Lycopodium, and the fever may be as high as for that remedy, with a pulse of about 140; but the delirium which indicates the Ignatia is markedly different. The delirium occurs at night; is characterized by a condition of fearfulness, the patient crying for help, wishing to be protected from some imaginary danger or evil, and struggling to get free. The soreness in the throat is felt most acutely between the acts of deglutition, and is a sort of pricking sensation. Frequently the child whines, and complains almost constantly, saying, "My throat hurts; my throat hurts!"

There are frequently, as accompanying symptoms, pains in the occiput, in the back of the neck, and sometimes in the ears. Stitches sometimes occur, extending from the throat to the ears; the glands of the neck are frequently very much swollen; the child craves ice and ice-water, but is usually unable to take food; the lips are often complained of as being sore and painful, particularly the inner surface; there is frequently much sneezing and coryza; the odor from the throat is very offensive, to the extent of rendering the atmosphere of the sick-room unbearable, if no deodorizer be used. [According to my experience, the best and most harmless deodorizer or disinfectant that can be used under the above or similar circumstances is charcoal. I have several pans or baskets full of freshly broken charcoal—broken into pieces about the size of a goose-egg—set about in several places in the sick-room, and the effect is really surprising. The unpleasant odor is removed, and there is no equally disagreeable smell substituted as when carbolic acid is used].

In cases such as I have just described, Ignatia 200th or 1000th, will effect a cure in a reasonably short period. It may be given in water, at intervals of three or four hours between the doses, and, when three or four doses have been administered, it is best to wait and watch the effect for twenty-four or forty-eight hours. Sometimes, though rarely, a repetition of the medicine will be necessary.

To recapitulate briefly, Ignatia is indicated *when the delirium is characterized by a fearfulness or dread; when the soreness of the throat is greatest between the acts of deglutition; and when there are pains in the back of the head, nuchæ, and sometimes in the ears*, and generally in such cases no other remedy is required.

1876.

CLINICAL OBSERVATIONS ON VIBURNUM PRUNIFOLIUM.

BY JOHN E. JAMES, M.D., PHILADELPHIA.

My attention was first called to this remedy several years ago by Dr. F. Sims, of this city, as a very certain cure for threatened miscarriage. Having given it a good trial, and found its reputation in such cases to be deserved, I propose giving three or four cases of the large number in which I have used it successfully.

It is true Viburnum has not been without its failures, as every other remedy, but by far the greatest number of trials have been successful; when it has failed, Morphia sulph. has stopped the impending danger if anything could.

I have not given it a sufficient trial in dysmenorrhœa to speak as positively as Dr. E. M. Hale and others, yet the results in the few cases in which I have used it have been good, that is, palliative, if not curative.

Mrs. R., mother of one child and the subject of a previous miscarriage, was pregnant about three months when, after jumping from an unusually high car-step, she was attacked with sudden flooding and pain, which continued at intervals for nearly two days before I was called. I found the hæmorrhage very profuse, the pains regular, the os partially dilated.

The testimony of the mother of the patient was, that of a certainty the

fœtus had passed; but doubting it I prescribed the Viburnum θ, eight drops in half a glass of water, a spoonful every quarter of an hour. Two or three doses wrought material change, when the time was gradually lengthened to two hours; the next morning pain and discharge were both stopped, and in a few days she was about as usual, continued to full time, and was delivered of a healthy child.

A peculiarity of the case, however, was that twice between this threatened miscarriage and the delivery she was attacked with violent hæmorrhage without pain, giving rise to a fear of placenta prævia, but which was evidently caused by a partial detachment of the placenta. Cinnamon tincture cured both attacks.

Mrs. N., mother of one child and subject of one miscarriage, after a very long walk, was attacked in the night with a free discharge (a gush), followed by pain at intervals and continued flow. Upon reaching the patient in the morning I prescribed rest (which she did *not* take), and Viburnum as before, every half hour; improvement began immediately and continued without any return of the trouble.

Mrs. M., mother of three children and subject of several miscarriages, has mucous dysmenorrhœa and quite frequent passage of moles at menstrual period; was called last June and found the following symptoms: three months pregnant, chills slight, flashes of heat and oppressed breathing, headache, backache, nausea, vomiting; had great gush of blood followed by pains. Viburnum gave immediate relief, and there has been no return since.

I have noticed that the cases which have responded the quickest to the Viburnum are those with the great flow or gush of blood at or near the beginning of the trouble.

1876.

TYPHOID FEVER—CAN IT BE ABORTED?

BY J. B. WOOD, M.D., WESTCHESTER, PA.

On the 26th of August last, 1876, I was called to see B. C., aged twenty years; had prescribed for him two days previously, but did not come to any conclusion as to the nature of the disease; gave Nux v.[2], for two days. On the date above mentioned, when I saw him, he was confined to his bed; pulse from 100 to 110; surface hot, and much delirium, and even at this early stage, sordes on the teeth accumulated in large quantities; tongue thick and heavily coated with a yellowish fur, and at the end of a week he expectorated and coughed up considerable blood and was extremely prostrated; pain in the left and right iliac regions, and along the course of the ascending and transverse colon, with considerable tenderness over the entire abdomen; the bowels at this time were somewhat loose, and for three or four days the stools and urine were involuntary. September 2d he swooned away, and for a time I believed him in a dying condition, but after a few hours he rallied, and remained with considerable fever and delirium for the next ten days, when his fever abated and delirium ceased; pulse reduced to 80 or thereabout, and at this writing, September 16th, he is convalescing, and has an excellent appetite.

My object in communicating this case is to speak of the possibility of aborting typhoid fever, which I am satisfied can be done. When called

to this case as before stated, the fever ran high, with much delirium, and of course my thoughts were turned to Belladonna, which was administered in the first centesimal dilution, as being the remedy for this condition, which I continued alone for forty-eight hours, and which controlled somewhat the delirium, always worse at night.

At this time I concluded to give Belladonna at night only, and Baptisia, the first decimal in water, during the day, which was continued up to the time he swooned away, when Phos. ac.[6], was given for a day; then returned to the Belladonna and Baptisia until convalescence seemed firmly established (September 16th).

The diet was milk from the beginning, when he could be prevailed upon to take it; ice was used *ad libitum*; corn starch, farina, boiled rice, were also used at times, and also, according to the indications given by Rapou, in his treatise on typhoid fever, oyster, chicken, and beef broths.

As some may not understand Rapou's indications, I append them here: It is for the attendant to save a small vial of the urine, so that the physician can examine it the following morning without agitating it in the bottle; if the cloud is suspended and near the top, nourishment must be sparingly given; as it descends, the amount may be increased; but when it touches the bottom, the most powerful nourishment must be given.

1876.

A CASE OF ABDOMINAL DROPSY.

BY W. R. CHILDS, M.D., OF PITTSBURG, PA.

Mr. V., a travelling agent, had been of a constipated habit since 1872; meals irregular, and sometimes poor; has been in the habit of using cathartic pills. In the fall of 1874, skin became sallow, and he complained of soreness over the liver. December, 1874, called on an allopathic M.D., who told him jaundice was the trouble, and prescribed blue mass. At this time he began to swell, increasing in circumference about an inch a week. Consultation held in January, 1875, with two other M.D.'s; was told paracentesis must be resorted to, and that it would only give temporary relief, as death would terminate his career in a few months. Tapped 6th of January, taking away about 6½ gallons. No restrictions in regard to eating and drinking. Was given all kinds of drinks in connection with Iodide potassa. He had been tapped seven times before I saw him, averaging about 7 gallons at each tapping. May 10th, 1875, I took charge of the case, putting him on Nux[8], which was continued until the 13th, when Canth.[3] was given, owing to constant desire to urinate, with but a few drops passing at a time. This was continued until the 20th, when Lycop.[30] was selected as *his* remedy, from the following symptoms: Low-spirited, nervous and irritable, scanty urine, with a little red sediment, emaciation of upper part of the body with enormously distended abdomen; strongly suspected enlargement of the liver; pain in lower limbs, with coldness, constipation, pale face; symptoms all worse in afternoon. May 21st, consultation held with Dr. J. H. McClelland; treatment indorsed, and the following day (22d), assisted by Dr. McClelland, we removed by aspiration 34 quarts of dark

wine-colored liquid, heavily charged with albumen. The circumference of abdomen before the operation measured 32½ inches, after 32 inches. The ensiform appendix was turned up like a hook, and the anterior border of the liver extended below the margin of the ribs about 3½ to 4 inches, turning up and sticking out from the ribs like a half-shut hand, so that, in the language of Dr. McClelland, "there was now an opportunity to shake hands with the liver." The left lobe extended over into the left hypochondriac region. After bandaging and making comfortable in bed, the patient was given Arnica[3] every two hours while awake, leaving orders to restrict him in regard to liquids, and give him beef, bread and butter, and rice with a little cream. On the day following, when visited, he reported having had several hours' good sleep, bowels evacuated, and about four ounces of urine passed; was feeling more comfortable than he ever had done after being tapped; thinks the aspirator a grand instrument compared with the trocar and canula. Mr. V. said the tub into which the fluid had been emptied from the bottle as drawn off had stood over night, and there had deposited a thick jellylike substance half the depth of the liquid, which looked like partly melted glue. Lycop.[30] was given in pills, dose every three hours, and continued until the 2d of June (eight days), when it was changed to Lycop.[200]. The patient filling up rapidly and becoming uncomfortable, a second consultation with Dr. McClelland was held on June 9th, and with the assistance of Dr. McClelland we aspirated him again on the 11th, getting at the end of 21 days 35 quarts. After treatment, Arnica[3] two hours while awake, Lycop.[200] to be resumed on the expiration of 24 hours. June 21st, has been doing well until to-day; now pains in region of the kidneys, with sharp pains passing along the ureters to the bladder; urine very scanty, hot, and sandy deposits, bowels constipated —Nux[3] two hours; 22d, symptoms same as yesterday; no sleep, headache—Canth.[3] two hours; 23d, no urine passed in last 36 hours; introduced catheter, and find bladder contains no urine—Cann.[200] in pills, dose every eight hours, blanks two hours in between doses; 24th, Dr. McClelland consulting, no urine for 60 hours; try catheter; continue Cann.[200] same as yesterday; call at 11 P.M., and still no urine obtained by the catheter, nor has any been passed naturally for 72 hours; ordered hot sitz-bath with hot applications over renal region; patient now has symptoms of uræmic intoxication; 25th, Dr. McClelland visits with me, at 8 o'clock this A.M. passed a very small quantity of urine in the bed, and slept for half an hour. Improvement sets in from this date; Lycop.[30] again given every three hours, with one dose at 4 P.M. of Cann.[200], passing on 27th about 3 ounces; 29th, 4 ounces per day; abdomen continuing to fill up, on July 9th a consultation was held with Dr. McClelland, and on the 10th we aspirated the third time, obtaining at the end of 29 days 37 quarts of fluid similar in color, and on examination it shows a quantity of albumen in same; liver less in size, and the patient holds his own well (but his water better), and is quite hopeful; Arnica[3] for first 24 hours, then Lycop.[30] three hours; visit him occasionally, and leave Lycop.[200] for a change, giving it once in 24 hours, along with Sac. lac. until August 4th, when, in company with Drs. McClelland and Buffum, we aspirated, getting at the end of 25 days 36 quarts; liver receding; treatment the same as on other occasions; August 25th, with Dr. McClelland, aspirated for the fifth time, 21 days, quantity 36½ quarts —treatment similar, except going higher on Lycop.[unknown]. September 14th, at the end of 20 days, with Dr. C. F. Bingaman, aspirated, getting 37 quarts; continue Lycop [30] three hours. October 13th report the case to the State Medical Society, inviting the members to visit the patient.

On the 14th Dr. E. A. Farrington accompanies me and makes a careful examination, listens to the history from the patient, and advises to stick to Lycopod. On the 15th, in company with Dr. J. H. Buffum, we aspirated for the seventh time, getting at the end of 31 days 38 quarts Stick to former treatment, and on November 6th, with Drs. J. C. Burgher, J. H. Buffum, and C. F. Bingaman, Mr. V. is aspirated the eighth time, yielding 36½ quarts (carefully measured to satisfy a doubting M.D.). Treatment the same as before, liver much decreased, and the patient prognosticates sure recovery, to the disappointment of the M.D. who first had him in charge, who, on meeting me one day, said: "I could have sworn old Van would have been dead before the 1st of October." I asked him what his diagnosis had been; he replied. "Hydatids of the liver, or else cancer and chills. I tell you he must and will die before the 1st of January, 1876. Why, man, look at the statistics; they all go to show that he cannot live beyond that time" I said, "But, Doctor, you forget two things,—your statistics are allopathic, and old Van is under homœopathic treatment. Now, my good fellow, Van has been promised a turkey for New Year's dinner, and if he is not alive to eat it, and if he don't partake of it with a relish too, I will send you a box of good cigars." Our patient filled up slowly but surely; on the 30th of December, at the expiration of 54 days, I (in company with Drs. Burgher, McClelland, Buffum, and Bingaman, attended by four students), at Mr. V.'s own request, aspirated him so as to make room for his New Year's dinner of turkey. The result of this operation was 24 quarts of very heavy dark liquid containing mucous casts or scales. Treatment: Arnica[3] one day, Lycop [30] three hours. During the month of January there was very little enlargement. February 20th, measured around waist 40 inches. March 22d, measures 42 inches. March 28th called at my office, and afterward called on Dr. McClelland; says he is the happiest man in Pittsburg. "Would rather bet on homœopathy than a five-ace hand in poker." Continue Lycop.[30] three times a day. Met him on the street seeing the old century out and the new one in; and now, this 23d day of September, 1876, he is engaged in the commission produce business, travels through Ohio buying grain, believes in homœopathy, says he has neither hydatids nor cancer of the liver, nor is he yet dead, statistics to the contrary. He has not been aspirated for nine months, and does not aspire to be. Would respectfully refer to Dr. McClelland for certificate for agility.

From this you will see that this one man distilled and dispensed within the year 1875 the enormous quantity of 127½ gallons, or 1020 pints of water; the weight of each pint weighed varying from 17½ to 19 ounces avoirdupois.

1877.

DIPHTHERIA AND NEPHRITIS—A STUDY.

BY S. LILIENTHAL, M.D., OF NEW YORK.

Dr. Conrad Kuster published the following cases in one of our German periodicals:

Case 1.—Miss S., twenty years old, of strong constitution, was taken down with a slight angina. The tonsils were covered with some white

spots, but she felt well otherwise. A strong solution of Kali chlor. was ordered as gargarisma and internal medicine. The following morning the doctor was called in haste and found his patient moribund. The family could only report that the evening before there was some vomiting and several stools, and after sleeping well during the night they were awakened in the morning by the heavy breathing of the patient. No post-mortem allowed. A peculiar bluish-white color of the skin was noticed. Not a trace of dropsical manifestations.

Case 2.—R., a strong, hearty gentleman, of about thirty, took sick January, 1876, with a slight angina diphtheritica maculata. The same strong solution of Kali chlor. was prescribed as a gargle and medicine, also lime-water. The tonsils soon became clean, but the patient did not feel well. Examination of the urine proved it to be albuminous, and I found out that for a few days the patient had passed a peculiar black-looking urine. He regained his health only gradually. Even after eighteen months, and though the patient takes great care of himself, the urine still contains traces of albumen, which increases from the least trespass. No fibrinous cylinders were ever detected, nor were there any symptoms of dropsy.

Case 3.—A hale and hearty child of three years took sick with a slight angina diphtheritica pernotata. Six months before, two of his brothers were down with severe diphtheria, and one of them died from diphtheritic croup. The same remedy was given. The following day I was called in haste, as the child had passed black urine and was dying. It showed the same bluish-white color of the skin and the black urine contained some albumen. Vomiting preceded death.

Case 4.—A hale girl of four years complained of slight angina and the tonsils showed some white coating. The same prescription produced in two days a total cleansing of the tonsils. Suddenly vomiting set in, with malaise, yawning, apathy, bluish-white color of the skin, fluttering rapid pulse, cool skin, and the girl passed during the afternoon perfectly black urine. Prof. Saltkowsky examined the urine, and found it to contain albumen and hæmatin. Gradually she recovered and the urine regained its normal color.

All four cases point strongly to a nephritis, and show great similarity to the state of the kidneys found after poisoning with carbolic acid; but I am not in the habit of using this acid, and, as far as my reading goes Kali chloricum does not irritate the kidneys; and still as bloody urine is frequently observed in diphtheria, this drug may be considered as a cause.

A similarity with nephritis scarlatinosa may also be thought of; its sudden appearance, the vomiting, the sudden change of color, etc., and we might think of scarlatina sine exanthemata. But we might differentiate that in nephritis scarlatinosa the dropsical symptoms and the albumen in the urine prevail, whereas we had not a trace of dropsy, only moderate albuminuria, but large quantities of blood. We can only consider our cases genuine diphtheria, complicated with a most dangerous renal affection. Such slight throat affections also prove that the deposit is not the only criterion of importance, and that we have to deal with a constitutional ailment. The albuminuria here becomes significant by its chronicity. Hartels describes this state as a chronic interstitial shrinking of the kidneys, and gives as characteristic symptoms: general malaise, urine clear, containing some albumen, rarely dropsy; every dietetic error increases the quantity of albumen.

May not some cases of sudden death in diphtheria be ascribed to such a nephritis foudroyante, and not only to paralysis of the heart?—*Zeitschrift f. pract. Medicin*, 33, 1877.

Allen's *Encyclopedia* (vol. v, p. 320) hardly mentions bloody or albuminous urine under Kali chloricum. Only one prover, Dr. Ferris, saw hæmaturia as an effect of a large spoonful taken by accident. Still as urine containing blood always contains a trace of albumen and has a peculiar smoky color, we may conclude that the turbid urine mentioned by several provers, may be caused by the Potassium chlorate, especially as we find among its symptoms: most acute ulcerations and follicular stomatitis; the whole mucous surface was red and tumid, and in the cheeks, lips, etc., were numerous gray-based ulcers; incessant vomiting and finally death; constriction and tightness of the chest; terrible convulsions, followed by death; next day the body had turned slate color; great weariness and desire to sleep after every dose; a subjective feeling of discomfort.

Oehme (*Therapeutics of Diphtheria*) mentions only one case of diphtheria treated with Kali chloricum, without noticing it any farther. Still if Dr. Kuster would have studied a homœopathic Materia Medica, he would have seen a fac simile to his cases; although it can hardly be considered *the* remedy for such severe affections.

Jahr in his *Symptomen Codex* mentions for *urine mixed with blood*, Ipecac., Plumbum acet, Sabad., Squil., Ambra gris., and Merc. sol. Among the diphtheria remedies of some reputation the mercurials always held their own, especially the cyanate and corrosivus. According to Villers, the former is indicated, where exudation is present. The accompanying fever has the adynamic character and the *collapse shows itself in the commencement of the disease* (30th dilution). Paralysis and other after diseases have not been observed after the use of this drug. Dr. Moor d'Alost (*N. A. J. of H*, August, 1869) shows that it causes albuminuria, though not bloody urine, and that it may cause sudden death by the complete cessation of the motions of the heart and respiratory organs. Among its symptoms we read: general malaise and fainting; cool extremities with cyanosis; the face is pale, somewhat blue and out of shape; epistaxis; the mucous membrane of the mouth covered with a white membrane; on the fauces and tonsils a grayish-white membrane; also a round ulcer on a gray base; difficult deglutition; nausea and vomiting; chemical examination of the urine reveals albuminuria.

Dittrich considers the *Merc. cor.* the right drug when the diphtheritic exudate covers the entire fauces and extends into the nose, from which a profuse discharge flows. The Corrosive mercury always enjoyed a great reputation in nephritis desquamativa. Among its symptoms we find hæmaturia (Richter, Suadelin), putrefaction of the mouth; disgusting mercurial fetor from the mouth; *suppression of the secretion of urine.* Wood (*M. M.* 375) remarks that in the case of poisoning with it, collapse occurs in an hour or two, with small, frequent, irregular pulse, pinched anxious face, cold extremities and finally death, preceded, it may be, by fainting, convulsions and coma. The urine is very much lessened in quantity, is sometimes albuminous or even bloody, and not rarely is suppressed. When recovery occurs after severe poisoning, the convalescence is slow and protracted.

Mercurius bijodatus gives us thick and dark urine when passing, even red urine; sore throat; tonsils swollen; fauces dark red; diphtheritic patches; submaxillary glands painfully engorged; superficial ulcers in the throat, in patches; nausea and vomiting; sinking in the epigastrium with general malaise; livid, purple patches in the larynx, with thin, offensive discharge.

Overbeck and Saikowsky proved that after the use of mercurials the hydrargyrum circulates in the blood as albuminate of mercury, and they were not disappointed when they found that chronic mercurialism may

produce diabetes and albuminuria. Very frequently the urine of the animals experimented with contained leucin and xanthoglobulin.

Though *Plumbum* may not be the remedy for a nephritis foudroyante, still we do well to think of this metal in those protracted cases of reconvalescence from a diphtheritic attack. According to Hughes (*Pharmacodynamics*, 643) lead poisoning causes the small and granular kidney, and it is well known that the contracted kidney constitutes the most serious form of Bright's disease. During life albuminuria is an evidence of the mischief set up, and it has been thought that the saturnine epilepsy may sometimes be due to it. Hering (*Condensed Materia Medica*, 681) finds it indicated where the tonsils are inflamed and covered with small, painful abscesses; for diphtheria with tendency to sloughing, tough mucus in fauces and posterior nares; for diabetes, necrotic cystitis, and contracted kidney; for emaciation and dropsical swellings.

Dr. Kuster mentions that his four cases point strongly to nephritis as the cause of the trouble, and that they show great similarity to the state of the kidneys found after poisoning with *Carbolic acid*. Dr. Bell (*Braithwaite*, July, 1877) remarks that even externally applied, it may act too severely as a depressing agent, and when absorbed it makes its presence known in the urine by giving the fluid a dark smoky appearance. Hausmann states that it may produce, occasionally, albuminuria and hæmaturia, but the characteristic phenomena of Carbolic acid poisoning are clonic convulsions, sinking of the temperature, diminution of sensibility, dyspnœa, free salivation and secretion of tears, keratitis and conjunctivitis (*Schmidt's Jahrb.*, vol. 155, p. 274). Neumann and Brueckmuller found fatty degeneration of the kidneys and liver in their autopsies, and Reudor found the renal epithelium degenerated in a man who had been fatally poisoned by the drug; still Hausmann has proven that the black coloring matter found in such urine is in all probability an educt from Carbolic acid. and not altered hæmatin, by finding that this urine is cleared up by heating after the addition of an acid, and Stevenson, of Guy's Hospital, found that this black urine does not contain more than the normal proportion of iron (Wood's *Materia Medica*, 594). Hughes (*Pharmacodynamics*, 24) writes that the most marked symptoms of poisoning by this acid are those of the nervous centres, which are congested and prostrated so that coma and paralysis result. According to Oehme, Carbolic acid is, with some physicians, a favorite drug in diphtheria, and it seems the stronger indicated the less the throat is affected. Indications for its use are, great languor, weakness, great prostration, general soreness, drowsiness, chilliness, cold perspiration, dizziness, headache, especially in the forehead or through the temples, as if from a tight band around the forehead, affections of the mucous membrane of the nose, pale face, loss of appetite, nausea, weak pulse, etc.

Really Carbolic acid seems to be the very similimum to such cases of diphtheria where the local symptoms are slight, but where the disease is lodged with full force from the very beginning in the nervous centres. How near Dr. Kuster was to the truth!

Just on the contrary, Terebinthina, in spite of its wealth of urinary symptoms, fails to be even a mere simile to the diseased state in question. It is true that it may be indicated in some cases of Bright's disease, as it has scanty secretion of urine, dark, sometimes bloody urine, coagulated by heat and Nitric acid. The urine shows under the microscope cylindrical coagula, renal elements, etc., large renal anasarca, anorexia, copious mucous expectoration, sallow, suffering, sunken physiognomy. The great anasarca and the hæmaturia are the keynotes for Turpentine; but in our cases both were slight or entirely absent; it is even a question

whether the black urine was also bloody urine, and Terebinthina gives us no throat symptoms.

Buchner (*Morbus Brightii*, 78) remarks that in *recent* cases of Bright's disease *Belladonna* and *Atropia* may be indicated for the congestive state of the kidneys; and the same may be said of the angina where Belladonna is in its place only in the beginning of the disease, when there is very severe inflammation, or in very mild cases. We agree with Dr. Kuster that this drug will exert very little influence upon the course of a true diphtheritis. It is also more than doubtful whether the dark, bloody urine of one prover came from the kidneys, and it is more than probable that the increased mucus and blood found in the urine were vesical.

Apis mel. apparently holds out more promise, for cases of sudden death are on record from the action of a bee-sting. Many of our authorities consider Apis one of our best remedies in diphtheria, and Guernsey (*Obstetrics*, 945) finds it indicated where great debility characterizes the case even from the onset, with absence of thirst, scantiness of urine, the membrane has a dirty gray color, the pulse is very quick, puffiness about the eyes, an eruption appears upon the skin, which itches and stings. But in its urinary symptoms we fail to see any indication for nephritis; they rather point to an irritable bladder. Almost incessant desire to urinate is the complaint of many provers, and the urine is mostly pale-yellow with brickdust sediment. Neither do we find the discoloration of the body characteristic of the cases of Dr. Kuster; for in Apis the change of color takes place only in the face. All dropsical symptoms so prominent in Apis are also wanting, hence Apis must be excluded, as it is not even a simile to the totality of the symptoms. Apis corresponds far more to nephritis and angina scarlatinosa than to true diphtheria.

Its congener, Lachesis, stands a better chance, for here the general symptoms prevail over the local symptoms. The prostration may be violent, the pulse slow, weak, and small, the perspiration cold and clammy, though the local symptoms are slight, or the subjective symptoms may be far more prominent than the objective ones; hence the difficult deglutition, the dislike to have the throat touched or examined. But here also the urinary symptoms fail to correspond to our cases, and although there may be red sediment in the urine, it is never very turbid (Allen). Still Hering mentions almost black, foamy, frequent urine, and stitches from kidneys through the ureters. And inasmuch as we find under Lachesis also dark-bluish swelling of cellular tissue, paralysis, and numbness, we may consider this poison a simile deserving our full consideration in similar cases.

According to Trinks and Oehme *Phosphorus* deserves our consideration in the treatment of diphtheritis, where the adynamic character shows itself early, the strength fails rapidly and paralysis of the heart threatens. Here Buchner (*Morbus Brightii*, 66) comes to our aid. Venous stagnation, with or without disturbance of the lesser circulation, is its keynote, and, according to Sorge, Phosphor-urine contains large quantities of epithelia, pus and mucus corpuscles, frequently albumen, in some cases exudation-cylinders and even blood-corpuscles. When indicated in nephritis diphtheritica, it will be more so in cases running a rather tedious course, and where the depurating and strengthening influence of Phosphorus will carry the patient safely through the dangers which surround him.

A remedy highly praised in diphtheria, and giving us also many symptoms of Morbus Brightii, is *Phytolacca*. Oehme gives us the following symptoms: chills usher in the disease, appearing irregularly the first day; violent pain in the front or back part of the head, in the back or limbs; great prostration, with fainting or vertigo when rising, preventing the

patient from sitting up; loss of appetite; high fever, delirium; tonsils, soft; palate and fauces highly inflamed, very much swollen, sore and sensitive; deglutition almost impossible; choking sensation; dyspnœa; the exudate mostly of a grayish color. But we read also in Hering's *Materia Medica*, i, 449: weakness, pain, and soreness in the region of the kidneys; albuminuria; pain in the region of the bladder; dark-red urine, which stains the vessel and is hard to get off; urine excessive in quantity, decidedly albuminous, with greatly increased specific gravity; urine red and muddy; urine the color of coffee. We can only agree with Hughes in so far that Phytolacca is insufficient in those forms of malignant diphtheria where the poison throws itself with full force on the organs of deglutition and respiration, but we consider it a remedy well worthy our consideration where the local affection bears no comparison to the life-threatening symptoms in their totality; in fact, where the morbific influence of the disease strikes primarily with full force the cerebro-spinal system.

Dr. Kuster calls his two fatal cases "*nephritis foudroyante*," a nephritis where the patient is struck down as if by lightning, and we see in the cases, which slowly recovered, a deep affection of the nervous system as the primary affection, localizing itself secondarily on the throat, kidneys, skin; in fact the poison, be it fungoid or not, may attack any part of the body. We may well ask, what is Bright's disease? In a late number of the *North American* we published two cases, one arising from another zymotic disease—a typhoid fever, and the second from pure nervous exhaustion. The death of our lamented Dunham was hastened by a final morbus Brightii, secondary to a malignant diphtheria. *Asthenia is the great characteristic of diphtheria from the very start, and the same holds good of Bright's disease.* If we are able to overcome this asthenia our patients may be saved, though the local symptoms look ever so threatening; and it is astonishing how often we meet cases of diphtheria where the child, or even adults, make no complaint of their throat, and the disease may, therefore, be overlooked. Here I would beg leave to draw the attention of my readers to the dietetic treatment of either disease. Dr. Francis Sibson (*British Retrospect*, July, 1877) truly remarks that "in considering the treatment of Bright's disease, we must keep steadily in view the getting rid or lessening of the poison actually in the blood, the not adding to the blood fresh poison, either of the kind already there or of a similar narcotic quality, and the stirring up of the powers of life, so that they may better resist, override, and live above the poison that is there." He considers soft water (soda-water, the gas being previously stirred out with a spoon) the best means to make the kidneys perform their function. He decidedly opposes giving such patients beef-tea or the essence of meat or soups; milk, abundantly supplied, is a perfectly innocuous food, that supplies every part of the body with its needed materials of repair; that has already built up and formed every one of us in infant life; that promotes the action of the kidneys, and so tends to expel the poison from the blood, and that may be gratefully mixed with soda-water, or Apollinaris, or Lithia, or other waters, with the effect of enhancing the purifying power of the kidneys, and so washing out the poison. Milk, two or three pints daily, may be given in any form that is agreeable to the patient.

The same milk treatment is also far preferable in diphtheria to any meat diet. In fact, the sequelæ of diphtheria, mutatis mutandis, are the same as we find them in any zymotic disease. Authors even go so far as to deny any great difference between angina diphtheritica ex scarlatina and true diphtheria. Dr. Culbertson (*Ohio Medical Reporter*, Dec. 1876)

acknowledges that diphtheria and erysipelas may possibly be identical in nature; at any rate they are similar diseased states.

Wagner (*Ziemssen*, 7,174 g. e.) says the same when he remarks that true diphtheria is rarely a primary disease in perfectly healthy persons, and that it follows, as a secondary disease, most acute exanthemata (scarlatina, variola, measles), other acute infectious diseases (typhus, cholera, pyæmia, puerperal fever), and different other chronic diseases (tuberculosis). On page 184, the same author remarks that complications, as diseases of the kidneys, more rarely pneumonia, are often observed in cases of apparent benign character, light cases as they are called (the same remark holds good of nephritis scarlatinosa), and paralysis as a sequel is often observed. During the diphtheria micturition is scanty and the urine dark, and the chlorides (similar to pneumonia) diminished. In about a third of the cases albuminuria was observed, increasing in quantity in proportion to the severity of the case, with hyperæmia, enlargement, and diminished consistency of the kidney; microscopically with fatty dulness of the epithelium.

According to Senator (*Volkmann's Klin. Vortraege*, No. 78, p. 591), we find also in diphtheria (Cynanche contagiosa), as well as in all other infectious diseases, a latent stage or stage of incubation, lasting usually from two to seven days, although it may protract itself to three and four weeks. He also remarks, that whereas in epidemic diphtheria cases of malignancy appear in some patients, many escape with the symptoms of a simple angina, thus showing that, whereas perfectly healthy persons escape the disease, or suffer only from a catarrhal affection, others succumb, because a dyscrasia, whatever it may be, is roused by the poison, and such persons are unable to throw off the accumulation of poisonous matter. In regard to the albuminaria in diphtheritis he remarks, in many cases albumen is found in the urine, mostly ephemeral, lasting only one or two weeks. Such an albuminuria may be an accompaniment of the febrile state without any important renal affection and pass off with the fever. Here the urine contains only small quantities of albumen and no morphotic elements whatever. In other cases we meet a parenchymatous nephritis, a swelling and fatty degeneration of the renal epithelium, just as we find it in other infectious diseases, or cases of poisoning. Here the albumen in the urine may be trifling or entirely absent. In consequence of the localization of the cynanche in the respiratory organs, and the consequent dyspnœa, venous stagnation sets in, causing albumen to appear in the urine. The scarlatinous process, with its angina, may cause a diffuse nephritis, and we find with albumen, blood and lymph corpuscles in the urine, with renal epithelia. *Only the albuminuria from venous stagnation and after scarlatina is accompanied by dropsical symptoms, whereas hydrops is hardly ever observed in the first two divisions.*

As another valuable differential symptom between angina scarlatinosa and diphtheria, he mentions that in scarlatina exactly the same anatomical changes of the fauces are found as in cynanche contagiosa (as Senator calls true diphtheria), the same catarrh, loosening and discharge of epithelial detritus, diphtheritic inflammation, and gangrene; and still in scarlatina the respiratory organs become hardly ever affected, whereas just the contrary takes place in diphtheria. Diphtheritic croup is no rarity, as we all know to our sorrow.

Senator closes his valuable monograph with the remark that we are unable to prevent cases of sudden death from *fatty degeneration of the heart or from paralysis of the nerve-centres.* We may try excitantia and stimulants, subcutaneous injections of Ether or Camphor, or anything

else; it may ease our conscience and satisfy the relatives, but death will surely end such a scene.

How clearly pathology here comes to our aid in differentiating the remedies suitable to such cases, and individualization becomes more easy the more we understand the individuality of our patient and the individuality of the diseased state before us. Not one case of Bright's disease is like another (for does not the paralysis of diphtheria individualize itself by its steady beginning in the fauces, by its irregular radiation, and by its attacking the branches of a nerve and leaving its trunk nearly intact?). How different the palsy of *Plumbum* from that of Causticum, or of Hellebore from that of Rhus or of Cicuta, the albuminuria of Apis with its dropsical symptoms, or that from venous stagnation suitable to Phosphorus, from the morbus Brightii which may still be relieved by Carbolic acid, especially where the affection attacked with full force the nerve-centres and thus prevented the circulation of healthy life-giving blood.

To heal our patients and to restore to them the full benefit of a good constitution is certainly the duty of every honest physician. Let us neglect nothing which may aid us in the selection of the similimum for every case. Homœopathy will be the gainer the more its disciples understand to well differentiate between one remedy and another by their pathogenetic symptoms. Pathology teaches us the pathogenetic differences produced by morbific causes on our bodies, and Homœopathy teaches us the pathogenetic differences of our drugs. A close study of both will surely accomplish a cure, *cito, tuto et jucunde*, whenever a cure is possible.

1877.

CLINICAL CASES.

BY CHARLES MOHR, M.D., PHILADELPHIA.

Euphrasia.—Bella R., aged two years. Since June, 1875, had prolapsus ani, result of tenesmus attending dysentery. The ordinary medicines, such as Nux vom., Ignatia, Podoph., Calc. carb., Sulphur, prescribed as they seemed indicated, only relieved temporarily. Attempts at reduction failed also. On March 20th, 1876, after the prolapsus had existed some nine months, I was called on to prescribe for the child, who was then suffering with a severe coryza. There was much sneezing, accompanied with a profuse *bland* discharge from the nose, a watery, smarting, and *excoriating* discharge from the eyes, with photophobia. A slight cough also existed. The first symptoms of a cold were noticed on the day previous. I prescribed *Euphrasia* [30] in water, a teaspoonful every three hours. On the day following the coryza was better; on the fifth day it had entirely subsided, but, a profuse, painless diarrhœa set in in the morning, lasted till evening, when, after the *last* stool, the child arose from the vessel saying: "Mamma, my thing's up," and sure enough the prolapsus was cured, and remained so. Somewhat astonished to find that the Euphrasia was so effectual in prolapsus ani, because I had never heard of its employment in such a condition, I worked up the sympto-

matology, and in the *Materia Medica Pura* I found, "Pressure in the region of the anus, when sitting." Now, I submit, if the child could have expressed herself intelligently, might she not have said, "I can't sit, because there is such a pressure about the anus;" for, be it known, the little girl always did recline during the prolapsus, so that the anus would not come in contact with any surface; and may not Euphrasia cure every case of prolapsus ani, *when homœopathically indicated?*

Lycopodium.—Mr. A. A. H., aged twenty-eight years; light-complexioned, nervous, sickly. Since childhood, after scarlatina, has been troubled with a discharge from the right ear and partial deafness. The discharge is bright yellow, thick, and very offensive, and causes a soreness of the meatus. Has tried homœopathic treatment (his mother is a homœopathic practitioner) and so-called regular treatment, and during the last six months took about twenty quart-bottles of a quack nostrum. On March 29th, 1876, I was sent for in haste. I found Mr. H. greatly prostrated, with some sore throat and several patches on the right tonsil. He complained more of the prostration and aching in all his bones. That morning he had proceeded to his place of business, feeling about as well as usual; but at 9 A.M. began to feel chilly and weak, the chilliness not relieved by heat of stove. At noon he went home and to bed, and as he grew steadily worse I was sent for at 4 P.M. Externally there was not much soreness, though the glands of the neck were somewhat swollen. The tongue was coated yellow, more at base; taste brassy; odor from mouth the same. Prescribed, *Merc. iod.*, 3d *trituration*, one powder, dry, every four hours. March 30th (second day), no improvement. The diphtheritic patches on the right tonsil had coalesced, and several patches were visible on the left tonsil. Continued same remedy. March 31st (third day), in A.M., patient about the same, but had passed a bad night. Gave *placebo* till 5 P.M., when I saw him again. Prostration, loss of appetite, aching in back and legs; pain in throat and ears was very much worse, and the whole throat and fauces covered with a thick membrane of a dirty-yellow color; breath exceedingly offensive; cannot swallow anything warm, but cold drinks relieve somewhat. Lycopodium suggested itself to me, and on learning from his wife that he had passed a bad night because he could not breathe through the nose, and that he had been getting worse during the last hour, my choice was fixed, and I gave *Lycopodium*^{200} in water, a teaspoonful at once, one at 8 P.M., another in the night, if necessary. April 1st (fourth day), at 9 A.M., found my patient sitting up. He had slept nicely and quietly from 10 o'clock the evening previous until 6 A.M., when he awoke, feeling like a new man. *The membrane was becoming detached from the left tonsil.* Gave placebo. April 2d (fifth day), feels much better, though had a little more trouble with throat when swallowing yesterday toward evening. Since rising, had hawked up large pieces of membrane, and an examination showed *left* tonsil entirely clean. Gave placebo. April 3d (sixth day), no change, and gave placebo. April 4th (seventh day), not so well; membrane again forming on *left* tonsil. At 4 P.M., gave one dry dose of *Lycopodium*^{100,000}. April 5th (eighth day), much better; left tonsil again clean, and a considerable portion of membrane of right side gone. April 6th (ninth day), throat entirely clean. April 10th (thirteenth day), resumed business. April 14th, complains of slight soreness in throat. Gave another dry dose of *Lycopodium*^{100,000}. On May 3d paid my patient a social visit, when I was pleased to hear him say: "Doctor, you have not only cured me of diphtheria, but of this running from my ear." Three months later the otorrhœa had not returned.

Lilium Tigrinum.—Mrs. E. J., aged 31 years, light-complexioned,

nervous, easily affected by potentized drugs. Has suffered for some twelve years with pruritus vulvæ. On mucous surface between the labia majora and minora are dry, mealy spots, about the size of lentils, causing intolerable itching; patient is often awakened at night to find herself scratching these spots, and states she feels like tearing away the flesh, the itching seems to be so deep in; is generally worse just after the catamenia. She also complains at times of a watery discharge from the left nostril, coming away a drop at a time and looking like clear water. An examination shows a spot on the septum of the left nostril similar to the eruption on the vulva. Patient was under my treatment some two years, receiving without benefit the following remedies: Sepia, Mercurius, Rhus tox., Psorinum, Carbo veg., Natr. mur., Causticum, the latter medicine, on March 30th, 1876. On May 9th, 1876, my patient said she must have falling of the womb, as it seemed to her as if everything would come out of her privates. She had a great desire to place the hand on the vulva to keep the parts up; the pressure of the hand gave relief. On examination I found a partial prolapsus of the uterus. Gave a dose of *Lilium tign.*[30], which afforded relief within a few hours. The next day the uterus was found to be normally situated; on the fourth day the nasal discharge had ceased, and on the seventh day the pruritus was cured.

Belladonna.—Helen S., aged fifteen years, light-complexioned, plethoric. Has had nasal catarrh since December, 1874, the discharge being thick, yellow, and profuse, and attended with considerable dropping from posterior nares, worse after rising; has offensive breath; eyes are agglutinated every morning, and feel as if sand was in them in the evening. I had prescribed Pulsatilla (which relieved only the eye symptoms), Hydrastis, Alumina, Kali bich., and Calc carb. Each medicine was fairly tried, low and high. She was under Calc. carb. for six weeks, having taken the last dose two weeks prior to May 15th, 1876, when I was sent for to find her attacked with measles, then prevalent in Philadelphia. The symptoms were as follows: abundant eruption of irregular patches all over face and body, scarlet-red in color; headache; eyes much injected and watery; earache; sore throat, worse when swallowing liquids; loose cough; increase of fever, with drowsiness every afternoon; restless, yet drowsy, after midnight; awakens startled; can bear neither noise nor light. Prescribed *Belladonna*[3] in water, a teaspoonful every three hours. All the symptoms were improved next day, and Sac. lac. given till well. In about a fortnight the chronic nasal catarrh, which up to the time of the eruptive disease had existed as at first, ceased and remains cured. It is well to observe that the Belladonna was planted in a lime soil.

1877.

ERUPTIVE DISEASES.

BY J. B. WOOD, M.D., OF WEST CHESTER, PA.

By the above caption we do not intend to embrace or include all eruptive diseases, but only *variola*, *cow-pox*, *varicella*, *varioloid*, *urticaria*, *measles*, and *scarlet fever*. Neither do we propose to enter fully into pathology, course, and termination of these diseases.

An exanthematic disease is characterized by an inflammatory process, in which the skin of the affected or afflicted person undergoes change of form and color, and is quite different from injuries caused by mechanical means, and by such processes by which the cuticle is removed or destroyed.

In the extent of the surface involved and the pertinacity of the fever (in many cases causing destruction to the skin), lies the cause of many fatal terminations in *variola* and *scarlet fever*.

We all know that in burns and scalds, the large amount of the skin involved is the cause of an early fatal termination.

Our aim in these diseases, particularly in *variola* and *scarlet fever*, should be to moderate or remove the intense congestion of the capillary system, and thus prevent the destruction of the cuticle, induce perspiration, and thus open the door for the escape of the morbid processes going on within, and save the lives of our patients.

We do not propose to fully detail the treatment to be pursued in each of these diseases separately, as the same structures are generally involved, varying only in form of eruption and the intensity of the symptoms.

To moderate these by a proper regimen, or hygienic measures, should be one of the first things in the mind of the physician, and we hold that no better method can be adopted than that of giving the patient plenty of good fresh milk as a diet, the proper ventilation of the room, and change of clothing on the person and on the bed.

I also recommend that the patient be washed with tepid milk and water to allay the intense itching which occurs during desquamation, as it is grateful to the patient.

The treatment which I shall lay down, viz., the internal administration of Digitalis and Sulphate of zinc, in these diseases, may not be considered by many as homœopathic; but if provings of Digitalis are examined it will be found an excellent remedy for capillary congestion as well as for various other phenomena pertaining to these diseases; and although I have been unable to find any recorded symptoms of the Sulphate of zinc in our Materia Medica, under the head of Zinc, many symptoms pertaining to or belonging to these diseases will be found.

I also use it upon the same principle that I would use Tart. emetic., for the purpose of throwing the eruption to the surface.

My plan of administering these remedies is to take equal parts, by weight, of powdered Digitalis and Sulphate of zinc, and make the first decimal trituration.

Of this preparation I put four or five grains in a tumbler of water, and administer it in teaspoonful doses every hour, for twenty-four hours, and then at longer intervals.

Some may object to thus mixing two remedies, but for my part I can see no difference between mixing them in water to administer, and dissolving them separately and administering in alternation, and thus forming the mixture in the stomach, or in the blood in its course through the system.

Our main object in these diseases should be to abridge their duration, for it is generally in cases of long duration that we find the much-dreaded sequelæ of otorrhœa, deafness, etc., and my experience of several years satisfies me that this treatment is the best that I have yet tried, and trust that our professional brethren will give it a trial and report the result.

1878.

MERCURIUS CYANATUS IN THE TREATMENT OF DIPHTHERIA.

BY W. J. MARTIN, M.D., OF PITTSBURG.

THE indications we shall present for the use of this remedy are derived from two sources: first, the symptoms which it has produced, both objective and subjective, when taken by persons in health; and, second, its clinical use.

When or by whom it was first employed in the treatment of diphtheria is hard to determine with certainty. Oehme in his *Therapeutics of Diphtheritis*, gives an account of its use by Villers and Beck, of Dresden, Saxony, who, so far as we have been able to discover, were the first to use it. This was about ten years ago. The first case was Villers's son, age seven years; he had been sick with diphtheria some seven days. Merc. sol., Arsen., Iod., and Arsen. again had all been tried. The patient growing worse and worse, was considered a hopeless case. Villers's colleague, Beck, now recommended Mercurius cyanatus as the only remedy that might be of use, *because it had produced gangrene of the velum palati and fauces in persons poisoned by it.*

It does not appear from the account which was published by Villers and Beck that Beck had ever used or heard of its use in diphtheria, prior to this; but because it had the power to produce a condition such as this child was in, he recommended its trial. Improvement commenced almost immediately, and the child recovering rapidly led Villers to use it again and again, giving it, as he says, in more than one hundred cases within a space of ten years without a single death.

Villers says (Oehme's *Therapeutics of Diphtheritis*): "The indication for its use is the presence of the exudate, which may be white, yellow, gray, or any shade between. The accompanying fever has the adynamic character, and the collapse shows itself in the commencement of the disease; therefore this drug should be used even before the exudation. When an epidemic of diphtheria prevails administer it in every inflammation of the throat. Higher dilutions operate better than lower. It should never be administered below the sixth centesimal dilution. After using this drug the further extent of the exudate is stopped at once; the improvement is very striking even after twelve hours; after twenty-four hours no vestige of exudate is generally to be seen; and after two or three days the disease is so far removed that the remedy is no longer necessary. With the improvement of the local symptoms that of the others keeps pace; refreshing sleep, appetite, and strength come rapidly. If the remedy is given in the stage of invasion, that is, before the exudate is deposited, it will not appear at all. Paralysis and other after diseases have not been observed after the use of this drug."

We have confirmed the above many times during the past year, except that paralysis followed in one of our cases.

In the entire Materia Medica we do not find another drug which has produced on the healthy organism a more perfect picture of diphtheria in its malignant epidemic form. Being one of the most powerful and active blood-poisons known, it should properly rank with those agents first to be thought of for such an alarmingly fatal blood disease.

The symptoms as recorded in vol. vi of Allen's *Encyclopedia of Pure Materia Medica* point unmistakably to its homœopathicity to this disease. And though its symptomatology is but meagre, very meagre indeed as compared with that of some of our remedies, and those symptoms all obtained from cases of poisoning, yet they are sufficient to cover almost every phase and stage of the disease, and almost every case from the mildest to the most severe.

As bearing upon this disease we select the following:

Excitement at night; sleepless; great excitement and incessant talking.

Vertigo; vertigo on sitting up; very severe headache.

Eyes sunken; conjunctiva injected; pupils greatly dilated.

Profuse epistaxis, recurring several times a day.

Face flushed; face pale and wan; face cyanotic.

Tongue pale; yellow coating at base of tongue; tongue swollen, red on the edges, and covered by a very adhesive gray coating.

Buccal mucous membrane red and injected; constant and copious flow of saliva; bitter taste; very disagreeable metallic taste.

Great redness of the fauces, with difficulty of swallowing.

A white opalescent coating on the pillars of the velum palati and on the tonsils. Difficult deglutition; salivary glands swollen.

Aversion to food. Great thirst; intense thirst, but drinks are speedily vomited.

Burning in the stomach; epigastrium sensitive to pressure.

A grayish diphtheritic-looking deposit around the anus.

Retention of urine; complete suppression of urine; albuminous urine.

Strong palpitation of the heart; heart's impulse and sounds weak.

Slight spasms of the extremities.

General debility; *great weakness, so that he cannot stand up; extreme prostration.*

Fever at night with sleeplessness and severe pains in the head.

Skin moist and cold; extremities cold.

W. H. Burt, M.D., of Chicago, has published in the *American Homœopathist* for July, 1878, his experience with this remedy in diphtheria. He says: "For the last three years I have been administering it in this disease with such wonderful curative results, that now, so soon as I am certain I have a case of diphtheria to treat, I at once put the patient on the Cyanuret of mercury, with a feeling of almost absolute certainty of curing the patient. I am sorry I have not kept a record of the cases cured by this drug, but they have been many scores, without a single failure."

Our own experience, though limited, has been as gratifying as was that of Villers and Burt, which we have quoted. During the past year the "South Side" of Pittsburg was the scene of an epidemic of diphtheria remarkable alike for its extent and fatality.

The first twenty-six cases which came under our care were treated with such remedies as in each particular case seemed to be indicated, as Bell., Merc. iod., Lach., Lycop., Phyto., Kali bi , Nit. ac., Sulph., etc.

Of these twenty-six cases nine died, or about one out of every three cases treated. This was anything but satisfactory. Upon the strength of the recommendations of Villers, and the indications in Allen's *Materia Medica*, which we have given in this paper, we procured the sixth trituration of Merc. cyan. (the third trituration had been used in some of our fatal cases).

Since commencing the use of this preparation up to the present time,

September 1st, 1878, covering a period of about nine months, we have given it to fifty-four cases of diphtheria, four only of which died.

Of these four fatal cases one had been sick for a number of days under allopathic treatment, and died in a few hours after we saw her.

Another of the four fatal cases had been sick without any treatment for three days, and the disease had gained great headway, yet by the persistent use of this medicine alone, the swelling of the tonsils and neck diminished and the membrane became detached; but the patient died of exhaustion, partly at least from lack of proper nourishment and pure air.

The third one of the four, at the time when it appeared to be well, became croupy, and died about thirty-six hours afterwards.

The fourth and last fatal case was a clear failure of the drug under favorable circumstances, being called early to the case, and the patient being carefully watched and nursed. In this case we think the system was overpowered beyond all help by the suddenness and intensity of the poison.

We feel satisfied that had we been called early to the first two fatal cases, we could now report but two deaths out of fifty-four cases treated. But as it is, fifty recoveries out of fifty-four consecutive cases treated is a powerful recommendation for the Merc. cyan.

The promptness with which improvement was manifested and the rapidity of the cure was a notable feature in these cases. From three to five days was the time occupied in effecting this result.

Sequelæ followed in but one case, the entire left side being paralyzed a few days after her diphtheria got better.

Merc. cyan. has not cured diphtheritic croup for us, neither has any other remedy; but whereas before using it the membrane quite frequently extended to the larynx, it did so in only one case out of fifty-four treated with the Cyanide.

1878.

NASAL CALCULUS.

BY J. C. MORGAN, M.D., OF PHILADELPHIA.

Rhinolites, or calculi in the nasal passages, have occasionally been observed, but are very rare. They generally contain as a nucleus some foreign body. They are of calcareous composition, with cementing animal matter. They cause much irritation of the mucous membrane, are commonly located in the inferior meatus, and vary in size "from a pea to a pigeon's egg." They may be suspected in inveterate nasal catarrh when suitable remedies fail to cure, and in no such affection should the surgeon neglect the use of the speculum and probe, aided by the mirror for concentration of light.

Warm water or, better, warm milk and water should be used, either by the anterior or posterior nares, to remove the secretions, which may effectually cover and obscure the presence of such a body, and in the absence of any characteristic sensations this would surely prevent discovery.

My attention has been recently directed to such a case, whose history is as follows: Miss S. S., aged 27 years, of leucophlegmatic temperament, consulted me March 15th, 1878, for nasal catarrh, which she stated was of six years' standing; although the subsequent developments render a longer duration more probable. She had been the patient of not a few eminent practitioners, particularly of Dr. Richard Levis, who is the family physician; also had been thoroughly examined as was supposed by Professor ——, of Russia, during the Centennial year. All without result, except despair.

The discharge was thick, greenish, fetid. Living in Kensington, she would soil two handkerchiefs in riding to my house, four miles.

Left pupil smaller than the right. Making a cursory inspection, without perceiving anything unusual, I however judged that such a case must require time for cure, so stated and prescribed Hepar sulphur^{200} three times a day.

March 22d. Rather worse if anything; "much greenish-yellow secretion is *blown out of nose.*" Gave Sepia^{200} thrice daily.

March 29th. Slight amelioration. Repeated ℞, and gave special cautions about causes of aggravation, in which I always include protection of the brows, nose, etc., the inhalation of air through the mouth (except when there is thoracic disease), and exhalation of the warmed air through the nose.

April 6th. Discharge very copious; feels discouraged and tearful. Heated rooms disagree. Gave Puls.^{200} three times a day.

April 13th. No change in the catarrh; mentally better. Gave *Sac. lac.*

April 22d. Very slightly better. Sac. lac.

May 4th. Catarrh as before. Has flashings and spells of heat; dropping in throat. Ferrum phos.^{30} three times a day.

May 13th. Collateral symptoms relieved, but the discharge is very profuse and purulent. Gave Schüssler's anti-suppuration remedy, Cal. sulph.^{30} three times a day.

After handing her this medicine I thought over the case again, and, as I usually do when well-chosen remedies fail, I queried, "May there not be an undiscovered material cause in present operation? May not the bones be diseased?" This led me to make a careful inspection, which revealed a whitish object about an inch from the (left) meatus. A probe conveyed the impression of necrosed bone. Its low position suggested examination of the palate and bony septum (from the opposite side). All this region was free from any such trouble. This implied that the inferior turbinated bone might have sloughed. I seized it (or tried to) with dressing forceps, which slipped. Renewing the attempt, I found the diameter of the body much greater than a necrosed turbinated bone could be; but getting a good hold, and finding it movable, continued the effort; but the discovery had already brought tears to the eyes of my patient, and she begged me to pause. I did so, when she said she would postpone the operation until the next day, when she would return with her sister (a medical student).

On the 15th they appeared, and in a few moments I had in my hand a rough, brownish stone, not unlike the vesical mulberry calculus, but more regular; being moulded to the cavity imprinted by the turbinated bone. In general its shape is ovoid, with thin jagged process behind. Its entire length is about one inch, greatest breadth seven-eighths inch, greatest thickness one-half inch, and weight, allowing for loss, sixty-three grains. Within the mulberry coating are regular phosphate layers, and within these a cherry stone!

In two weeks she was perfectly cured under Calc. sulph. Pupils still unequal, but less so than formerly.

1878.

YELLOW FEVER—PREVENTION OF EPIDEMICS.

BY BUSHROD W. JAMES, M.D., PHILADELPHIA.

As the yellow fever has become unusually prevalent and epidemic in a number of cities of the Southwest this summer, allow me to offer some suggestions which may be of use to the profession at large. That it is not universally contagious, or that every exposed individual takes the disease, is undoubted; but that very many persons coming into close proximity to those having the disease will contract it is undoubtedly true, as has been proved in a multitude of instances this season, where families have been swept away; nurses and attendants, physicians and clergymen waiting on cases, have taken it and died. In the past similar results have occurred. If the contagion of the first case, or cases, can be destroyed at once, it seems to me an epidemic may always be averted, and thus many lives saved.

Frost checks an epidemic of yellow fever, and it evidently does so by destroying the germs of the disease, or at least annihilates the disease-producing cause from that inroad.

Now if we apply to the cases that come in from an infected vessel, or railroad train, a pure air, and disinfect the air that is expired by the yellow fever cases, as well as the clothing and things about them, by a low degree of temperature, say 25° Fahr., we reduce the contagium to a minimum, and likewise invigorate the cases by feeding them purified atmosphere.

How can this be done? First, by fitting up a room or ward specially for these patients, maintain pure air, and ventilate only by ventilators; then into the room introduce air that has been reduced to ten or fifteen degrees below the freezing-point and rewarmed to the proper degree, and at once supplied to the ward.

Have a small anteroom, with spring doors, and springs attached to the ingress and egress doors of the ward, so that the opening and closing will not allow much warm air to enter this adjacent anteroom, or allow impure air to enter.

Have everything that comes out of that room, such as air, clothing, excretions, etc., submitted to a temperature several degrees below the freezing-point, and in the case of bedclothing or garments, these should be previously moistened, and then they will freeze through; and the freezing of these should be kept up for several hours. The respired air of the patient is thus rendered innoxious to those who may be in attendance, and the air of the room is as fast as possible freed from the poisonous principle; and before the patient breathes any of it again, it is rendered more wholesome by the constant inflow and air that has been purified by freezing out the reproducing cause.

If it be desirable to reduce the temperature of the patient in cases where the thermometer shows a very high range, the patient can be wrapped warm enough for comfort, or artificial warmth applied in or under the wrappings, and the case placed in a room with the temperature just below 32° Fahr.; but if he cannot endure the cold room, another situated next to the cold one, as I have suggested, with no mode of access

except through such room, might be substituted. If the patient's range of temperature is below the normal of about 98½° Fahr., such treatment would not be admissible.

The apparatus that is capable of cooling large rooms for producing ice, and for other such purposes, ought to be competent to keep up a low degree of temperature for a day or two, in a vessel where the hatches can be closed, and thus disinfect the cargo and every part of the ship.

The only question here, aside from the expense, is the portability of the apparatus on and off of a vessel. However, the cold-producing apparatus could be erected on the wharf, with a hospital-room for fever patients on the one side, and the infected craft brought up to the wharf on the other side of the apparatus, and the machine worked for both purposes.

As well-attested cases have been known to take the disease from receiving letters and articles from the hands and rooms of yellow fever patients, I would recommend the freezing of all baggage, freight, and mail matter going from any infected city, as a mode of prevention of the spread of the disease in that manner. If an ice-making machine is not at hand, the tin vessel surrounded with ice and salt will answer to a more limited extent for producing a degree of cold amounting to frost; and articles of yellow fever patients that are too valuable to destroy should undergo this mode of disinfection.

The articles should, I think, where practicable, be moistened before being placed in the "freezer," so that they may be frozen thoroughly. In the case of mail matter, this to a limited amount can be treated to a low temperature (of course without being moistened) in metal "freezers," and the ice and rock salt used as chilling agents. Cooling is not sufficient; the temperature must go at or below the freezing-point all through materials to be thus disinfected. Filling vessels with ice has been tried ineffectually, because all parts were not brought below or to the freezing-point.

"The results of homœopathic treatment are well shown by the experience of Drs. Holcombe and Davis, in Natchez, in 1853. The former treated one hundred and forty cases of unequivocal yellow fever, losing nine cases. Dr. F. A. W. Davis, who is called by Dr. Holcombe 'the able pioneer of homœopathy in this region,' treated four hundred and fifteen cases, of which twenty-four died. In subsequent years these cases were extended to ten hundred and sixteen cases in all, of which fifty-five died, equal to a mortality of 5.4 per cent."

Dr. Louis A. Falligant, in his excellent report of his experience in the treatment of nearly one thousand cases of yellow fever during the epidemic in Savannah, Georgia, in the months of September, October, and November, 1876, gives the following summary of the total number of cases treated by him during that period:

"Number of cases of yellow fever treated by me, between 900 and 1000.

Number of deaths in cases to which I was called before fatal symptoms (black vomit and suppression of urine) had set in, . .	17
Number of deaths in cases to which I was called after fatal symptoms had set in, ...	15
Number of black vomit cases recovered, ...	45

"Of the thirty-two deaths, eight were cases of relapse, and twenty-four were original first attack.

"Of the seventeen cases seen by me before fatal symptoms had set in, five were 'death-struck' from the inception of the disease. I treated over one hundred cases of the hæmorrhagic type without a single death."

Dr. Bento José Martins, of Rio de Janeiro, Brazil, in 1850, gives his experience with homœopathic treatment in Yellow Fever epidemics at that place as follows:

The number of persons attacked with yellow fever, and treated at the Dispensary, Rue de Guitanda, No. 11, by myself and Drs. Arambuja, Casares, and Silvo Pinto, from the 25th of February to the end of April, in the year 1851, was, . .	3256
Died a few hours after first visit, ...	56
Died in forty-eight hours, ...	82
Died between the first and ninth days, ...	139
Number of deaths, ...	227
Number of cases cured, ...	3029
Total number of cases, ...	3256

1878.

CLINICAL CASES.

BY A. P. BOWIE, M.D., UNIONTOWN, PA.

Child, aged 10 months, has been sick over a week with scarlatina. Was brought home to-day, a distance of twenty miles; weather very cold. The physician who has been treating the child says it cannot recover.

Child lies in a stupor. The nostrils swollen; flows therefrom a thin corrosive discharge. A dark crust on an inflamed base size of a five-cent piece on right cheek. Passes no urine.

℞. Arum tri.[30] in water; dose one teaspoonful every two hours. In twenty-four hours the child took notice of what was passing, and continued to improve until well.

Child, aged 2 years, has had whooping-cough for two weeks, for which I prescribed *Drosera* and *Antimonium tart.*, singly and according to the symptoms, with no relief. Cina also was given, but the child got worse, when the following symptoms were noted: Raw, bloody surfaces on nose, lips, and cheeks, *which the child picks and bores into, and at same time screams with pain.* No urine passed for twenty-four hours.

No appetite, but much thirst; paroxysms of cough every hour or oftener, after which the child sleeps, with very short breathing. Before the cough commences the child exclaims: "Mamma, I'se scared." ℞. Arum tri., a few globules in half a glass of water, was prescribed; dose one teaspoonful every hour.

The prescription was made in the morning, and in the evening the child commenced to improve. The urine was passed frequently, and the child called for some milk to drink. The paroxysm of cough came on regularly every two hours after taking the remedy.

The intervals were lengthened for the doses, and in three days the child was well.

The desire for milk is a symptom developed in proving this drug, as any one who ever took a dose of Indian turnip knows; it will relieve the soreness and prickling sensation in the mouth and throat.

The child had been subject to asthma since birth, but this was cured with the whooping-cough, and has never returned

These two cases illustrate very plainly that characteristic symptoms are what we need in prescribing at the bedside, and not theorizing about pathology, and that the potentized remedy is all-sufficient.

1878.

RABIES.

BY J. S. RANKIN, M.D., PITTSBURG.

Rabies, though a comparatively rare disease, has long been known and dreaded. The ancient Romans were familiar with its horrible manifestations. In the Iliad, Hector is called a mad dog, and Celsus speaks of rabies as a disease well recognized before his time.

The disease usually develops in man from the bite of a rabid dog, yet this is not its only source. Other animals occasionally suffer from this malady and may communicate it to their human neighbors. It was formerly supposed that the disease presented exactly the same type, from whatever source derived; but recent observations seem to have demonstrated that rabies derived from the skunk—rabies mephitica—differs in some important features from rabies canina.

The name hydrophobia has unfortunately been given to this disease from the mistaken notion that fear of water is an unvarying symptom of rabies. Hydrophobia as a symptom is however seldom present at the inception of the malady, and rabid dogs seldom show any fear of water.

After several spasms of the pharynx have been excited by efforts to swallow water, man comes to fear the water itself as the cause of his sufferings.

Rabies canina is that variety of the disease which occurs in the human subject from inoculation with the saliva of a rabid dog.

Governed apparently by no law in its development, horrible in its manifestations, mocking at the skill of the physician, and the fatal virus coming, as it most frequently does, from man's unselfish and faithful friend, small marvel that it excites terror and dismay. This disease has engaged the thoughtful attention of the educated physician and it has excited the cupidity of the nostrum vender. Much has been written to elucidate its causes and treatment; numerous experiments and observations have been made; yet the melancholy record is that we know but little more of the pathology and therapeutics of this terribly fatal disease than did the fathers of medicine.

The fear of water, from the efforts to swallow it causing spasms of the pharynx, though almost invariably present in the advanced stages of the disease in its human victims, is seldom if ever observed in the dog. This is a point of much practical importance and one that we should bear in mind if we would guard our patients from this frightful disease. Let it be known that the rabid dog does not usually have hydrophobia, and the danger to the community will be lessened.

On the other hand, hydrophobia as a symptom is occasionally present in other diseases. It sometimes occurs in inflammation of the brain, of the uterus, and of the cardiac extremity of the stomach. It is also sometimes seen in tetanus, in hysteria, and in hypochondriasis, and Richter says that some cases of mania and of epilepsy have terminated in hydrophobic symptoms.

Again, some of the narcotic poisons have occasionally produced symptoms of hydrophobia; this is especially the case in poisoning by Belladonna; but here it arises from inflammation of the fauces, and is not paroxysmal as in rabies canina. According to Richter, symptomatic hydrophobia has sometimes arisen from suppression of the menses by violent mental emotions; and Eberle has seen it in the last stages of malignant fever.

Rabies, when occurring in the human subject, is generally traceable to inoculation with the saliva of one of the lower animals, itself suffering from this disease. Yet it is not absolutely certain that every case of rabies originates in this way. A number of well-authenticated cases are recorded in which rabies, or a disease closely resembling it, followed and perhaps resulted from the bites of enraged men. Van Swieten, Weikard, Meekreen, and Wolff have recorded cases of this kind as genuine rabies.

Enraged animals are also said to be capable of originating this disease. Lister, Parkinson, and Linguet have reported cases of fatal rabies from the bite of enraged dogs. Rossi reported three fatal cases of this disease following the bite of enraged cats. Weikard says that a woman while separating two fighting fowls was bitten by one of them, from which she died of hydrophobia; and Le-Cat mentions a similar event from the bite of an enraged duck.

If these observers were correct we have here an explanation of the ultimate origin of the disease; and this theory is strengthened in some measure by the observation that rabies occurs most frequently in quarrelsome animals, such as the dog.

It is probable, of course, that some of these were cases of hydrophobia as a symptom of tetanus, arising from the wound—traumatic tetanus. And some of them may have been caused by fear preying upon the imagination. A late writer in an old-school medical journal, says: "We have long believed that a large proportion of deaths from reputed hydrophobia in the human subject were the result of mental causes. After being bitten by an animal suspected of rabies, prolonged apprehension of the dreadful consequences, wearing on a nervous temperament, may easily develop convulsions and other extreme manifestations allied to the symptoms of canine madness." But the bite of a fowl, we should suppose, would not be likely either to cause tatanus or to fill the mind with apprehensions of impending rabies.

There remains, however, as a cause of doubt in such cases, the possibility that inoculation may have taken place without the knowledge of the victim. A slight wound, or a mere abrasion upon the hand, may, quite unconsciously to the person having it, be brought in contact with the virus, and inoculation take place. Richter has recorded a case of rabies that originated from the mending of a garment that had been torn by a mad dog.

Eberle says: "It (the virus) would seem to retain the power of affecting the system a very long time after it is generated." And Dr. Hedges says of the man Haly who died of hydrophobia in the city of New York: "He could not remember ever having been bitten by a dog. But he took care of horses and slept in a stable, and was probably inoculated in some manner unknown to himself." And of another case: "He was

an intemperate man, and often laid in drunken sleep for hours, where the dogs could lick his hands and face."

But, to return, it would seem, from some cases on record, that the disease may arise from other causes not connected with a specific virus. A case in point was reported in *Rust's Magazine*, vol. xxvii, 1828, in which a man of forty years took hydrophobia from suppression of profuse perspiration of the feet by a cold foot-bath. "The moment the patient attempted to drink, he was suddenly seized with a most violent spasm of the throat and pharynx, and the fluid was immediately thrown out of the mouth; the eyes were convulsively distorted, and the head thrown backward; the neck became frightfully distended; the chest and abdomen were raised from the bed, while the hands and feet moved convulsively, and a hoarse sound, like that made by persons suffocating, was uttered by the patient." Here we have clonic spasm of both larynx and pharynx, producing dyspnœa in conjunction with difficult deglutition, which Dr. Flint considers peculiar to rabies.

Incubation.

The time that expires between the introduction of the virus into the system and the full development of the disease, varies from ten days to twelve months, or possibly, in rare cases, to several years. According to M. Bouley the age of the patient materially affects the duration of the incubative stage. In persons from three to twenty years he found the average time of latency to be 44 days, whilst in older persons the average time was 75 days.

Of 109 cases in which the incubative period was determined, it was in 76 cases less than 60 days; in the other 33 cases, it varied from 60 to 240 days, though very few went beyond 100 days.

Dr. Dickson states that of 17 persons bitten by the same dog, 10 became affected with the disease at different times from the 15th to the 68th day after the inoculation.

A case of rather brief incubation was reported in the Springfield, Massachusetts, *Republican*, of January 26th, 1878: "Dr. S. L. Way, of Suffield, Connecticut, who was bitten by a dog December 28th, 1877, died yesterday morning (25th), his spasms continuing almost until the last. . . . . A hog bitten about the same time with the doctor, and by the same dog, died the same morning with spasms." In this case but four weeks expired between the inoculation and death. We are not told when the period of latency ceased and the disease began to develop.

Symptoms.

Rabies canina develops rather gradually. Certain general and local symptoms almost invariably occur. The cicatrized wound is usually reddened and itchy; sometimes there is a feeling of discomfort in the part, and the cicatrix opens and discharges a sanious matter. Accompanying these there are melancholy mood, lassitude, chills alternating with flushes of heat, mental agitation, restlessness, disturbed sleep, loss of appetite, feeling of distress at the epigastrium, and sometimes nausea and vomiting. These premonitions usually continue for two or three days; sometimes they last for five or six days before the disease fully declares itself.

In these respects it differs from rabies mephitica, the outbreak of which is not heralded by recrudescence of the wound or other premonitory symptoms.

After the lapse of a few days the patient begins to complain of stiffness of the neck, which extends to the base of the tongue, and the disease seems to burst forth "full fledged." The countenance expresses very great anxiety and agitation; the breathing is hurried and irregular; there is great thirst but inability to swallow fluids. Every effort to swallow water brings on pharyngeal spasm, which expels the fluid with great force; and the accompanying spasm of the larynx, by interfering with respiration, adds greatly to the patient's distress. After a few such paroxysms have been thus induced, he is seized with one at the mere sight of water, and now begins to fear the water as a cause of his sufferings.

Occasional remissions occur during the first day or two, in which the patient seems fully aware of his condition and advises his friends to protect themselves by securing him.

These remissions, however, soon cease to come, and the victim grows rapidly worse.

As the disease advances the paroxysms become more frequent and violent, and the spasms extend from the throat to the face and chest, and sometimes to the back and extremities. The eyes are injected and protruding, and the pupils greatly dilated, imparting a wild, glaring expression to the countenance.

This constant nervous excitement, with the difficult respiration and inability to sleep or take nourishment, soon exhausts the patient's strength, and death ensues on the third or fourth day, seldom beyond the fifth.

Diagnosis.

Rabies canina is generally easily diagnosed. Tetanus and hysteria are the chief diseases from which it is necessary to distinguish it. Besides which, there is the possibility of the disease being simulated in persons of lively imaginations. If such a person should chance to be bitten by a dog suspected of rabies, the constant apprehension of a horrible fate may produce a train of symptoms that the victim knows are characteristic of rabies, such as horror of water and a disposition to bite others.

This morbid state of nervous excitement is readily distinguished by the time of its appearance, which is usually but a few days after the bite, whereas rabies very seldom develops in less than a month after inoculation. Then, the fear of water is one of the earliest manifestations of this nervous state, whilst in rabies canina it comes on as a result of the pharyngeal spasm. Again, if there is not spasm of the larynx accompanying the hydrophobia, the disease is not rabies.

From tetanus, rabies is distinguished by the absence of trismus, which is so prominent a symptom of tetanus; and opisthotonos occurs among the earlier symptoms of tetanus, whereas, if present at all in rabies, it comes only near the closing scene

Dysphagia sometimes occurs in tetanus, but here it is not associated with spasm of the laryngeal muscles as in rabies. This dyspnœa from spasm of the larynx, so characteristic of rabies canina, and the constant delirium of rabies mephitica, are never seen in tetanus. Finally, currents of air or the reflections from a mirror or other bright surface cause renewal of the spasms in rabies canina, but do not affect those of tetanus.

From hysteria it is distinguished by the laryngeal spasm of rabies, by the period of duration,—rabies never lasts beyond a week,—and by the remissions of hysteria.

Rabies mephitica is quite as fatal, while it is more surely communicated by the bite of the animal, than rabies canina. For our knowledge of this variety of the disease we are indebted to Rev. Horace Hovey.

In an article published in the *British Journal of Homœopathy*, of July, 1874, he says: "I have had extensive correspondence with hunters, taxidermists, surgeons, and others, by which means the particulars have been obtained of forty-one (41) cases of rabies mephitica." Forty of these forty-one persons bitten, developed rabies and died; that is, more than 97½ per cent. of those bitten contracted the disease.

This would seem to show a much greater activity in this virus, or a greater susceptibility to its influence than to that of the rabid dog. Niemeyer says, of one hundred and forty-five persons bitten by rabid animals in Wurtemburg, only twenty-eight were affected with the disease and died. Of two hundred and fifty cases collected by Renault, of persons bitten by rabid wolves, one hundred and sixty-four became affected with rabies. The annual report of the Vienna General Hospital for the year 1860 gives only twenty-five cases, and consequent deaths, out of one hundred and fifteen persons bitten by rabid animals. Watson says that of one hundred and fourteen persons bitten by rabid wolves only sixty-seven died, and of those bitten by rabid dogs the proportion of deaths is still less; and of the cases reported by M. Bouley, only one hundred and twenty-nine deaths are recorded out of three hundred and twenty persons bitten by rabid animals. The two diseases differ in several other points. While the period of latency is the same in both, *i. e.*, from ten days to a year or more, in rabies mephitica there is not the recrudescence of the wound, and seldom premonitions of any kind, as so generally seen in rabies canina.

Mr. Hovey says: "The specific action of hydrophobic virus affects the eighth pair of cranial nerves and their branches, especially the œsophageal branch, the result being great difficulty in swallowing; and the motor nerve of the larynx, causing sighing, catching of the breath, and difficulty in expelling the frothy mucus accumulated in the throat.

"These are usually wanting in rabies mephitica. Ordinary hydrophobia, again, is marked by constant hyperæsthesia of the skin, so that the slightest breath of air will precipitate convulsions. But in rabies mephitica fanning the face affords relief.

"In hydrophobia the perceptions are intensified, so that the deaf are said to have their hearing restored, the pupils are dilated, the pulse is feeble, and the delirium is occasionally relieved by lucid intervals. In rabies mephitica there is oscillation of the pupils, small but wiry radial pulse and rapid carotids, and positive loss of perception and volition throughout, until delirium ends in persistent unconsciousness."

Treatment.

The testimony of many of the best authors on this subject is that rabies when fully developed does not yield to medical treatment.

Dr. Austin Flint in his work on practice, 4th ed., p. 781, says: "This disease has as yet baffled all the resources of therapeutics;" and Dr. J. C. Dalton says: "The treatment includes only a single measure, but this must be adopted at once on the receipt of the injury, and must be carried out in the most thorough manner. It consists in neutralizing the poison by cauterization of the wound."

Some cases of apparent rabies have occasionally been reported as cured, but the diagnoses given in these cases have generally been defective, so that we are left in doubt of their true character. Belladonna, Mercury, Elecampane, and Electricity have each been used with apparent success, but their cures have been so few and their failures so numerous that we may very properly ask for further confirmation of their powers. A case

is recorded in the London *Lancet*, vol. xii, pages 632, 1826, and 1827, where Belladonna was used successfully.

Braithwaite's Retrospect, part 47, page 50, gives a case reported by Dr. H. Lassing, of New York, treated successfully by electricity. He applied the negative pole to the feet and the positive to the throat and body.

Thus much for the treatment of rabies by allopathy; nor can we claim more success by the homœopathic treatment. Our Materia Medica does not yet contain the similimum of rabies.

While considering this subject my attention was called by my esteemed colleague, Dr. J. H. McClelland, to a recent treatise on "Ophidians" by S. B. Higgins, S.A., in which the author claims to have developed the following law, viz.:

"Every animal poison has its perfect specific antidote in the gall of the animal or reptile in which that poison is secreted."

If the truth of this law can be demonstrated in practice, and Mr. Higgins claims to have done so to his own satisfaction, then we have the problem solved. The rabies virus, being an animal poison, should be amenable to this law if it be a law of nature. And the gall-cure can readily be tested empirically.

To antidote the poisons of serpents Mr. Higgins prescribes the 1st decimal attenuation of the gall of a serpent of the same variety as that which inflicted the wound. Of this he dissolves from three to ten drops in four ounces of water, and gives a tablespoonful of the mixture every five, ten, fifteen, or twenty minutes, according to the violence of the symptoms, and varying the quantity used with the age or susceptibility of the patient.

Here is presented a new remedial agent that is well worthy of study.

If some of our heroic provers will undertake a systematic proving of the bile of the rabid dog, we may have its sphere of usefulness clearly marked out, and thus learn if it be, indeed, the boon to humanity that it seems to promise.

Prevention is, however, better than cure in this and some other diseases. Here, especially, prevention, either direct or remote, is of the utmost importance.

1. *Direct.*—A wound having been inflicted by a rabid animal, our first effort should be to prevent the absorption of the virus, and to destroy it with the tissues containing it. To accomplish these objects a powerful caustic or the hot iron should be at once applied to all parts of the wound, and in sufficient quantity to destroy the adjacent tissues. Until one of these can be had, suction by cupping-glasses or otherwise should be resorted to, and kept up persistently; and if the wound be in one of the extremities, a cord should at once be tied very tightly around it an inch or two above the seat of injury; this, by causing the wound to bleed freely, may do much toward expelling the virus or preventing absorption until the caustic or cautery is prepared. Mr. Youat recommends the Nitrate of silver for this purpose on account of its accessibility and convenient form for immediate use; but any other that can be made to penetrate to every part of the wound will do as well. If one of the mineral acids be at hand, pour a few drops of it into the wound; or, dipping a small stick into the acid, apply this repeatedly until the parts adjacent to the wound are thoroughly cauterized.

Some years ago an old forester communicated to the *Leipsic Journal* the means which he claimed to have successfully used for fifty years as a preventive of rabies. His plan of treatment was to wash the wound immediately with warm vinegar or water, then dry the parts, and pour upon the wound a few drops of hydrochloric acid.

Excision of the wound has been recommended, but is not practicable unless the injury is confined to a finger or toe; and may be injurious if the knife penetrates the wound, as it may carry the virus to parts that were free from it.

2. *Remote Prevention.*—This is, preventing human inoculation by meeting the disease in the animal. It were better that all the dogs in Christendom be exterminated than that one human being should die of rabies. But as wholesale slaughter of these most faithful of animals is not desirable even if practicable, let us implore our lawmakers to put a stop to the usual midsummer butchery. It is not only cruel to the dogs, it is absolutely dangerous to the people, in that it fosters the popular notion that rabies is a disease limited to hot weather.

To guard against the propagation of rabies canina, every person who aspires to the ownership of a dog should be familiar with the very first symptoms of this disease. Upon this knowledge depends his own safety and that of the community in which he lives.

A case illustrative of the danger to which we are constantly exposed has just been reported from Fishkill, New York. A colored man by his ignorance has caused the death of two of his neighbors, and several children, who were bitten by his dog, supposing them to be developing rabies.

It is, therefore, of the utmost importance that we be familiar with the earliest symptoms of rabies in the dog, as here we have the ante-humanum stage of the disease. And if arrested here, as can very readily be done, rabies canina may be stricken from the list of human ills.

Among the first symptoms of madness in the dog is a marked change of disposition; he becomes sullen and gloomy, and hides away in some corner, where he seems nervous and fidgety. If called out he obeys very reluctantly, and soon goes back to his hiding-place, where, however, he is unable to keep still. Occasionally he wanders about as if searching for something which he does not find. As the disease develops he becomes very nervous and irritable, and is constantly moving about; at times he pricks up his ears and starts off as if answering a call, or he snaps at invisible objects as if annoyed by flies. His bark is remarkably altered. M. Bouley says, instead of the usual succession of rhythmical sounds, he gives one open bark immediately followed by a succession of diminishing howls, apparently from the bottom of his throat; he often refuses his food, but eats unusual things, such as bits of paper or rags or wood, and sometimes even his own excrements. His eye expresses suspicion, or "he gazes strangely about him." He laps water freely and has no difficulty in swallowing it.

During this stage, which lasts from twelve to forty-eight hours, he will not, unless irritated, attack his master or playmates, and may even show his affection for them by licking their hands. Yet during this time the fatal virus is lurking about that caressing tongue, and by being brought in contact with a slight wound upon the hand inoculation may occur. Or the animal, being irritable, may be thrown into a rage by a very slight correction or a trifling injury, and quite unexpectedly attack his best friend.

A case of this kind occurred in the city of Chicago a few years ago, and as it illustrates the danger to which all are exposed who have not a proper knowledge of this subject, it may not be out of place to relate it here.

As reported in one of the daily papers of August 18th, 1874, the case was as follows: "The last week in June a small terrier dog, owned by John Sollitt, who lives on Western Avenue, suddenly became lazy and irritable, and one day as Mr. Sollitt's little daughter Lettie attempted to

put him in his kennel he bit her on the cheek, drawing blood. The dog was soon after killed on account of his temper. The wound caused no alarm, and soon healed, but last Wednesday (August 12th) Lettie was seized with sickness, which gradually increased until Saturday (August 15th). Her face grew livid; her breathing became very irregular; she frothed at the mouth, gasped continually, and with her body writhing in convulsions, died."

Here we have an unmistakable case of rabies following the bite of a dog that was not even *suspected* of having the disease.

But to return; as the disease advances the dog seems to have hallucinations of sight and hearing. He pricks up his ears as if he heard his master's call, or he snaps at invisible objects.

"D elirium supervenes, and he snaps at his master as well as at others." Excessively restless, he now flees from home, snapping at everything that comes in his way. He takes neither rest nor food, but keeps constantly in motion until death from exhaustion or paralysis closes the scene. Such is the course and such the termination of canine rabies when not interfered with by man. The duration of the disease from the first indicatiom of disordered health until death supervenes seldom exceeds five days.

Upon noticing any of the foregoing or other suspicious symptoms in the dog he should at once be placed in strict quarantine, entirely beyond the reach of children and other indiscreet persons. Here all his wants should be kindly relieved, but without endangering human life. The disease, if he has it, will manifest itself within a week. And 'twere better that all the curs in Christendom should suffer from false imprisonment than risk the extension of this horrible disease.

If such quarantine of all suspicious dogs were rigidly enforced by the municipal authorities, the communication of rabies canina to the human race would be almost impossible.

There would, of course, remain the possibility of inoculation with the envenomed saliva left upon his prison-walls. This source of danger, however, could be readily removed.

The folly of our present system of summer campaigning against these unoffending curs is very clearly illustrated by the statistics of M. Bouley and others. Of 190 cases of rabies canina recorded at the Alfort Veterinary School for the ten years from 1853 to 1863, there occurred: In January, 20 cases; in February, 10; in March, 21; in April, 25; in May, 16; in June, 18; in July, 12; in August, 16; in September, 16; in October, 10; in November, 14; and in December, 12.

Thus it appears that December furnished as many cases as July, and January a greater number than July, August, or September, while the largest number of all occurred in April.

Again, M. Bouley reports that between 1863 and 1868 there occurred in March, April, and May, 89 cases; in June, July, and August, 74 cases; in September, October, and November, 64; and in December, January, and February, 75 cases. From these careful observations, extending over a period of fifteen years, and comprising 492 cases, it appears that a greater number occurred during the spring months than during the summer; the numbers being 151 in the spring, against 120 in summer. And this accords with the observations of Professor Ray at the Veterinary School of Lyons. He says the number of cases was greater during the rainy than during the dry months.

According to M. Bouley's observations, young persons are not so liable to develop rabies from the bite of a rabid animal as those in advanced life. Thus, of 97 persons bitten between the ages of 5 and 15 years

only 26 died; while of those between 15 and 25 years, 25 cases occurred and 12 deaths; and of those above 25 years, more than 60 per cent. died.

Bear with me a little further, while I repeat a few of the more important characteristics of rabies in the dog. And let me preface these with several points in which popular belief is in serious error.

1st. The dog is not, as so generally supposed, more subject to rabies during the hot months than at other seasons of the year.

2d. The rabid dog does *not always*, as is supposed, have hydrophobia, but may drink water freely, and sometimes swims across streams.

3d. He is *not*, as generally believed, always ferocious, excepting towards other dogs; and often, at the beginning of the disease, shows affection for his master.

The primary, and therefore the most important, symptoms of rabies in the dog, are:

1st. A gloomy and suspicious look, with a disposition to avoid notice.

2d. Nervous agitation, shown by frequently changing his place or position, rearranging his bed, etc.

3d. A depraved appetite; he swallows bits of paper or other unusual things, and neglects his food.

4th. Hallucinations of sight or hearing, so that he pricks up his ears as if called, or snaps at invisible objects.

5th. A peculiarly changed bark.

6th. A viscid saliva runs from his mouth, which he endeavors to detach with his paws.

1878.

CROUP—ITS PATHOLOGY, DIAGNOSIS, AND TREATMENT.

BY T. L. BRADFORD, M.D., PHILADELPHIA.

In this article but little originality is claimed. Considerable care has been taken to search our literature for important data, which have been used when practicable.

Very many clinical cases have been rendered valueless from remedies being used in alternation.

No treatment for the diphtheritic form has been given that properly belongs to the therapeutics of diphtheria.

In treating croup the following rules should be carefully observed.

1. Decide carefully on the remedy and do not change it from mere caprice, but stick to it and push it.

2. Always examine the throat, as in the first stages of croup the membrane may be seen in the fauces or sometimes exudations may be seen on the middle and lateral edges of the tongue.

3. It should be borne in mind that every hour that is lost in hindering the spread of the false membrane renders the case more difficult of cure.

4. Any hoarseness in children, especially if long continued, should be looked upon with suspicion, as it often indicates impending membranous croup.

5. Awaken the child to give the medicine, as too long-continued sleep usually increases the suffocation paroxysms.

6. Do not expose the patient to draughts of air, but keep him in a room of from 65 to 75 degrees Fahrenheit, with the extremities warm, the throat and neck free. It is well to render the air moist by evaporating water in the room, as this facilitates breathing.

7. Never give up a case as hopeless while life exists. The physician will often be called when after the little sufferer has submitted to a course of "*heroic*" treatment, but little hope seemingly exists; but it must be remembered that oftentimes where the allopathic treatment has failed homœopathic remedies have proved successful. The author was once called to a case which two allopathists had given up to die and upon which they wished to perform, as a *dernier ressort*, tracheotomy; this was not allowed, and they were dismissed. After watching for two long days and nights expecting the child to die at any hour, on the third day the child vomited a mass of softened membrane and made a good recovery, Kali bich. 1 in water being the only remedy used.

8. Bear in mind that even if the membrane be discharged it may form again.

9. Be careful not to confound the spasmodic or false croup with the pseudo-membranous, *which is a very rare disease.*

10. Be firm, calm, and persevering, and insist upon taking the entire charge of the case.

Adjuvants and Special Treatments.—Certain physicians of our school have, from time to time, resorted to special treatments and the use of adjuvants.

Bœnninghausen was accustomed to give five powders, with printed directions for their use. Of these, Nos. 1 and 2 were Aconite, Nos. 3 and 5 Hepar sulp., and No. 4 Spongia, all in the 200th potency. He claimed that the true croup symptoms disappear after the first powder, if no other treatment is resorted to. In any case, two hours should intervene between the dry administration of Nos. 1 and 2; and if improvement follow No. 1, the space must be from 8 to 12 hours; No 3 then came in, to remove the cough and prevent the return of the croup. Or, if needful, all five powders are to be given at suitable intervals.

Kafna says that Aconite and Hepar sulp. will cure nineteen out of twenty cases of croup.

Dr. C. S. Middleton, of Philadelphia, recommends the use of Iodine almost exclusively.

Aconite and Spongia are used in alternation, by scores of physicians.

Dr. W. H. Holcombe applies a cold water compress to the throat, at an early period, and insists on this course.

Dr. Bouchut, of Paris, passes an iron ring into the glottis in membranous croup, allowing it to remain from one to four days, according to the severity of the case. He claims that this dilates the glottis, and is thus a substitute for tracheotomy.

Pounded ice, mixed with salt, placed in a muslin bag and applied to the pomum Adamii, is said to be useful, in causing the membrane to detach itself.

During the cough, a hot stone thrown into a bucket or tub of cold water generates sudden steam, and will often relieve the paroxysm.

A sponge, saturated with lunar caustic (20 gr. to 2 dr. water), tied to a bent whalebone, was passed into the larynx, in a case of membranous croup, and was followed by vomiting of the membranes.

A German physician recommends the inhalation of *pure* glycerin, by means of an atomizer. He says it moistens the cough, and relieves the paroxysm. The inhalations should be repeated at intervals of from

half an hour to an hour and a half, and should continue about fifteen minutes.

Dr. Dudgeon recommends compresses of *hot* water applied to the throat; also a partial or complete warm bath.

Dr. Hering advises, in his *Domestic Physician* (Allentown edition, 1835), that water be poured upon Sulphuret of lime, and the steam be inhaled.

He also advises, in extreme cases, where there are burning pains in the windpipe, *the application of leeches to the throat.*

Dr. Attomyr considers Bromine as a specific, giving as a reason, that Bromine is the only drug capable of producing a false membrane in the healthy throat.

Gross asserts that he can cure all his cases, when taken in time, with Hepar s. c., 1^{x} to 3^{x} trituration, followed by Acon. 3^{x}, and these followed by Hepar. and Spongia, in alternation.

Teste claims that Bryonia and Ipecac., given alternately, are the most important remedies.

Sulphate of copper, in large doses, has been given in the last stages of croup, followed by expulsion of the membrane.

Diet and Regimen:—During the attack, cold water will be most useful and should be given, if desired, in small quantities, and frequently. During convalescence, milk and water, arrowroot, gruel, etc., are useful. When there is great weakness during the disease, beef-tea, wine and water, or diluted whiskey, in small quantities, will be needed. Of course, all draughts of air or exposure, must be avoided.

Pathology and Diagnosis.—Cynanche trachealis, or Croup, consists of an inflammation or high vascular irritation of the laryngeal or laryngo-tracheal mucous membrane, combined with spasm of the interior muscles of the larynx, causing peculiar modifications in the voice, cough, and respiration. The name croup is said to be of Scottish origin, and to be derived from *roup*, a word designating the sound made by a chicken having the pips.

Croup may be divided into the *false* or *non-membranous*, and *true* or *pseudo-membranous varieties.*

The false croup has been again subdivided into the spasmodic and catarrhal varieties.

SPASMODIC CROUP

Occurs very suddenly, with difficult breathing, noisy and wheezing inspirations, a short, dry, hoarse, infrequent cough; there is no fever. The child may go to bed seemingly well and be roused from sleep with these symptoms. The friends may be much alarmed and send for the doctor in great haste But this variety is not dangerous, and under the appropriate remedy the attack is soon subdued.

CATARRHAL CROUP

Is much like the stridulous or spasmodic, except that there is at first a prevalence of catarrhal symptoms, or the croupy symptoms; the sudden, shrill cough, difficult respiration and dyspnœa wear off, leaving catarrhal symptoms. The voice is more or less hoarse but seldom extinct. *Should the voice cease to be sonorous, even though occasionally suppressed, there is great danger that the child has, not catarrhal but membranous croup;* this is an important diagnostic symptom, and should not be overlooked.

The distress may be great during the paroxysm; the child sits up or

tosses about in bed, supports himself on his hands and knees, or lies on his back with his head extended in order to render the breathing easier. He puts his hands up to his throat, as if to relieve the trouble there, or implores aid with them. His countenance wears an alarmed look. He complains of tightness and pain in the throat, but his voice is often stifled by the cough. The countenance is usually flushed, the skin warm, the pulse frequent and febrile at first; but soon, unless the paroxysm speedily subside, the lips become purplish or livid, the face pale, the limbs cold, pulse feeble, frequent, and irregular, and an asphyxiated condition supervenes when the spasm relaxes and air again enters the lungs. The child now usually falls asleep. The paroxysm is rarely fatal, its duration being from a few minutes to several hours.

The attack is more severe when occurring at night. The next morning the little patient seems almost well save an occasional "croupy cough." The fauces, if examined, will appear somewhat reddened; the voice is more or less hoarse. Under proper treatment the paroxysm may not return. But, as is often the case, if the child receive improper treatment, or none, the paroxysms continue at intervals for several days, when, if the inflammation in the throat is moderate, the spasmodic symptoms disappear, leaving a catarrhal cough and other symptoms which also soon disappear.

Or the catarrhal variety may, through neglect, run into the membranous form; but this is rare. There is exudation in catarrhal croup, but it is of a thin mucus, unlike the tough exudation of true croup. In some cases catarrhal fever sets in with more or less inflammation about the lungs, and this may prove fatal as capillary bronchitis. Dissection reveals but little if any deposit of pseudo-membrane.

The mucous membrane of the larynx, trachea, and bronchia, appear inflamed in patches, and there is more or less of a viscid, muco-purulent mucus in the air-passages. In rare cases the mucous membrane is normal, the patient dying probably from spasms.

The prognosis is usually favorable in this form of croup, the disease being usually arrested in its first stages.

PSEUDO-MEMBRANOUS CROUP

Is, compared with the former variety, a very rare disease. There is no doubt but that spasmodic croup is often confounded with it. The writer remembers a case which had been given up to death by an allopathic physician. Being called, it was noticed that the little fellow had *not* lost his voice, that the croupy breathing was paroxysmal. The child made a good recovery under the use of *Aconite* followed by *Spongia*. The child had not membranous, but catarrhal croup. This form commences variably; inflammation and exudation may occur simultaneously, when the patient, without seeming very sick, may be beyond help; in such cases the loss of voice is markedly to be noticed. In other cases, inflammation precedes plastic exudation. The symptoms are like those of catarrhal croup; the child continues in this way for several days, and the first intimation that there is a more serious disease is the failure of the tone of the voice, and the change of the sonorous to a husky-sounding cough. A hoarseness may continue for several days and then more serious symptoms develop. Each effort to cough produces a whistling or sibilant sound during inspiration; the cough is paroxysmal, and may be rare or frequent. At length the breathing becomes difficult; each inspiration has more or less of the wheezing sound, and this sound becomes shriller and shriller as the disease advances, so that the efforts of the little sufferer to breathe may often be heard for a considerable distance. There is more or less pain and

dyspnœa, the features are swollen and purplish, there is anxiety, great restlessness, fever. The respiration is quickened. The patient sleeps between the paroxysms. Sometimes the disease goes steadily on without remission.

If the case takes a favorable turn it may be known by the cough becoming looser and the sound in breathing not so shrill, some mucus may also be expectorated. This exudation may be absorbed without any expectoration, however.

The membrane may be thrown up in a complete cast of the trachea and may not reform, or it may again reform and the case go on and on to a fatal termination. It is in the last stage that the child's sufferings become most severe; the utmost efforts are used to expand the chest; the shoulders rise; the breast heaves; the nostrils expand and contract; the head is thrown backward; the child is in agony; he throws himself about in bed; gasps for air; implores with pitiful gestures for aid from friends around him. At length the pulse becomes feeble, the skin cool and damp, the cheeks pale and cold, the lips livid, and drowsiness and stupor supervene. The child may sink away quietly, or may die in convulsions. Sometimes death occurs earlier during a paroxysm. The disease lasts from one day to one or two weeks.

If it commences in the bronchia, symptoms of bronchitis precede those of croup.

The disease may be diagnosed by the *loss of voice*, *hoarseness in coughing*, with lack of resonance, and by the expectoration of tubes of false membrane.

Croup is caused by cold, dampness, by a sudden change from hot to cold air, etc. Males have pseudo-membranous croup oftener than females; and vigorous, blue-eyed, light-haired, fleshy children are especially subject to it.

It must be borne in mind that sometimes foreign bodies lodged in the air-passages may simulate all the symptoms of croup, in which case of course the treatment would be to remove them at once if possible.

It seldom attacks adults or aged people, although it is sometimes thus seen.

Children after once having the disease are very liable to it again. This predisposition can be remedied by the proper remedy given on the least approach of the premonitory symptoms.

Tracheotomy.—Just how often or at what period this *dernier ressort* is advisable is a mooted question. Dr. Talbot, of Boston, in a paper on the subject, reports 51 cases in Boston with 10 recoveries. Trousseau, the father of the operation, out of 222 operations, reported 127 recoveries. That it should not be tried until all other means are exhausted is certain, and it is equally certain then that it is advisable.

The following very complete directions for performing the operation are quoted from Dr. Talbot's paper:

"I arrange three or four double canula tubes of various sizes; a common, a sharp-pointed, and a probe-pointed bistoury; a tenaculum, with a long point at right angles with the shaft; a pair of dilating, curved and straight forceps; a small probang or soft sponge firmly attached to a flexible whalebone; several sponges and some tepid water. Having etherized the patient, either on a bed or in a person's arms, let his body be slightly inclined and his chin elevated, so as to render the trachea tense. Carefully examining the position of the larynx, it is seized and held firmly between the thumb and finger of the left hand, while, with the right, the point of the tenaculum is passed into the trachea, just below the cricoid cartilage. The tenaculum is then given to an assistant to be held

firmly in its position. An incision is then made through the skin, from the tenaculum downward, an inch or an inch and a half, according to the age of the child, and the depth at which the trachea lies. The adipose tissue is then to be divided; and the areolar tissue may be separated with the handle of the bistoury, with the finger, or, very carefully, with the bistoury itself, as may also the sterno-hyoideus muscles, and the tendinous intersection of the sterno-thyroideus. If the isthmus of the thyroid gland is broad, it may be necessary to divide it with the bistoury, when care should he taken to ascertain if the occasional branch of the arteria innominata is present; and if so, the greatest attention is requisite to avoid wounding it,—an accident which would probably prove fatal. If there is much hemorrhage it must be arrested before the trachea is opened. Then insert the point of the bistoury into the trachea next to the tenaculum, and divide the upper tracheal ring; and afterwards, with the probe-pointed bistoury passed into the trachea, divide from within outwards two or more rings. The dilating forceps are then introduced through the aperture and held in the right hand, and the tenaculum is removed. Violent efforts of coughing at this stage usually expel whatever of blood, mucus, or detached membrane may be in the trachea. The incision should be sufficiently opened, and the light arranged so as to allow the careful examination of the inner surface of the trachea, and the removal with forceps of any partially detached pieces of membrane. The tube is then inserted into the trachea between the blades of the forceps, and the latter withdrawn. The tube is kept in its place by a ribbon tied around the neck.

"After the operation has been completed, and the trachea has become accustomed to the presence of the tube, the child will breathe easily, and will eat and drink freely. At this stage I have rarely found stimulants necessary. The child will soon sink into a quiet sleep, which may continue uninterrupted for some hours. A small mass of thin gauze should be laid over the opening to prevent the cold air from striking too directly upon the lungs, thereby causing lobular inflammation. The inner tube must be frequently removed and cleansed by means of a brush, of such mucus as is forced into it in respiration; and whenever the child coughs, this tube must be so held between the thumb and finger that it can be withdrawn during the expiration. In this manner much mucus can be extracted which would otherwise collect and impede respiration. During the first twenty-four or thirty-six hours, the patient is comparatively comfortable, but great care is required in attending to its wants; for, as it is deprived of all power of articulation, it soon becomes annoyed and excited in its efforts to speak, if its requests are not readily understood. The tube must be frequently removed, cleansed, and moistened; and if there is any tendency to dryness of the mucous membrane, which may readily be detected by the cough, and character of the expectoration, small drops of tepid water may be allowed to remain upon the inner tube when it is returned. After the mucus has become thus softened, a drop or two of water allowed to pass down the tube into the trachea will cause coughing, and the expulsion of mucus. The system must be sustained by nutritious diet; and Velpeau even goes so far as to insist on the child's eating as much as can be forced down, whether it desires it or not.

"In from twenty-four to thirty-six hours after the operation, febrile reaction commences; the skin becomes hotter; the pulse stronger and more rapid; the cough more violent, with greater secretion of mucus. This is the crisis of the disease. If the secretions become less abundant; the skin dry; tongue and mouth parched; pulse wiry and rapid; cough frequent and convulsive; the mucus thick, dry, tenacious, adhesive, and

of a yellowish-brown color, all that remains for us to do, is to relieve as much as possible the wants of the little sufferer till death shall set it free. If, on the other hand, the secretions increase; the skin continues moist; tongue soft and covered with a white coating; pulse full and strong; cough loose, with expectoration of shreds of membrane, and a whitish, thin or clear mucus; the face, though pale, is animated; a free discharge of urine, and occasional alvine evacuations occur,—there is very good reason to hope for a favorable resolution. Great care will now be required; the tube must be kept free; and if pieces of membrane or tough mucus are lodged in the trachea below the tube, they must be removed by curved forceps or a piece of sponge attached to a flexible whalebone. Frequently attacks of prostration will occur which must be promptly met, either with beef tea, wine, to which sugar, egg, and a little milk is added. brandy and water, or camphor tincture dissolved in water. If there is much heat of the chest with tendency to great inflammation, great relief may be experienced by the external application of cold water to the chest. The heat of the room should be kept considerably higher after the operation than before, as the lungs do not now have the buccal cavity, glottis, and larynx to increase the temperature of the air before it reaches them The free generation of steam in the room has been frequently resorted to; but I am not convinced of its utility. The evaporation of water, so as to prevent too great dryness of the atmosphere, is undoubtedly of service; while surcharging the air with steam is prostrating to the patient.

"The occasional application through the tube, of a weak solution (1 to 40) of Nitrate of silver, is often of great service in two ways: 1st, it coagulates the mucus, and renders consistent what has been a thin, glairy, or adhesive substance; and 2d, by the irritation of the throat it excites violent coughing, which detaches the mucus and shreds of membrane so that they are ejected often in considerable masses."

Tracheotomy should not be performed in weak or very young children, or in those having lung disease.

It should not be performed unless the child can receive the most careful nursing, with a constant attendance of the surgeon, and the best of after treatment.

Dr. Talbot suggests that it is a favorable thing for free hemorrhage to occur during this operation, he claiming that it relieves the turgescence of venous blood.

THERAPEUTICS.

Aconite.—The child after going to bed apparently well, wakens from the first sleep with a harsh, croupy cough; this cough reawakens it when again asleep. Great nervous and vascular excitement; thirst; hot skin; restlessness; weeping or alternations of mirth and sadness. Icy-cold hands, or hot hands with cold feet. Pulse hard, full, frequent or slow and almost imperceptible. Some perspiration on covered parts. Dark red and burning inflammation of whole buccal cavity, extending to the bronchia, with inability to swallow. The child restrains cough on account of the pain it causes. Coughing after drinking.

Cough following and ending each expiration, absent during inspiration; cough excited by drinking; short, dry, hurried cough, with quick, loud breathing during expiration, but not during inspiration. (Spongia opposite.) Shortness of breath, especially after sleeping. Breathing anxious, labored, sobbing, or quick and superficial, or loud, strong, and noisy. Suffocating paroxysms with anxiety. Urine is bright red, hot, or retained.

Stitches in chest, side, and back. Constant desire to cough from a tick-

ling in the larynx. Aching pain in the chest temporarily relieved by bending the trunk backwards. The child cries when attempting to swallow, as if from soreness and pain in the throat. Constipation. *Fear of music.* Grasps throat while coughing. Spasm of the glottis.

Aggravation.—During expiration; after first sleep at night; after exposure to cold dry winds, or from remaining in a dry, cold room, from lying on the left side; when being raised up.

Amelioration.—During inspiration; when at rest.

Aconite is useful in the spasmodic or false croup, when it will often relieve promptly, and when the case looks more dangerous than it really is. It is of little use in the pseudo-membranous form. It is especially adapted to a condition of plethora, but is said to reduce the vital power when it fails to relieve after producing perspiration. It is a very important remedy in the first stages of croup. Hepar sulph. follows Aconite well.

Acetic Acid.—Hissing respiration, with rattling in the throat. Foul breath, aphonia. Children swallow with difficulty, even a little water. Fever, with redness of the left cheek, *without thirst.* Hurried and laborious breathing.

In large doses, this remedy produces a fibrinous deposit in the larynx similar to that seen in membranous croup. Does not follow Borax and Causticum well.

Ailanthus Gland.—Throat tender and sore on swallowing or on admitting air; hawking of mucus from throat; great accumulation of matter, part of which is easily expectorated, while part is detached with difficulty in small flakes. Tenderness and enlargement of the parotid and thyroid glands, croupy choking, raising of mucus and yellow matter from the throat, constant hawking and efforts to raise hardened lumps of whitish matter.

Ammonium Causticum.—Deep weak voice, can scarcely utter a word. Cough, with copious expectoration, especially after drinking. Difficult, labored, rattling, or stertorous breathing. Suffocative spells, scraping burning in throat, dark redness of velum pendulum palati, tonsils, posterior wall of pharynx. The uvula is drawn up and covered with white mucus. Stoppage of nose, face pale, spasm of chest.

In poisoning from this the epiglottis and entrance to rima glottidis is found covered with a pseudo-membrane. Deposit of pseudo-membrane on epiglottis, trachea, and bronchia.

Antimonium Tart.—Severe forms of catarrhal and first stages of membranous croup. High pulse, drinks often, but little at a time. Head hot and it sweats after each coughing-spell. Yawning, stretching, sleepiness, stupor. Coughing induces perspiration.

Face pale, bluish, sunken, covered with cold sweat. Failing strength; collapse. Nausea and straining to vomit, with perspiration on the forehead; perspiration more profuse on affected parts; often cold and clammy. Impending suffocation, dulness, dizziness. Lips parched, dry, red, cracked, excoriated. Dysphagia, with difficult breathing. Feeble voice, nightsweats, blue rings around eyes, urine smells sour. Raw, sore, velvety feeling throughout the respiratory passages. Irregularly round, white or grayish passages in the throat; loose cough, with much phlegm, causing a sensation of suffocation; cough, which sounds below the larynx loose and croupy.

Sound at each cough as though a cupful of mucus were lodged in the

bronchia, but which cannot be expectorated. Hollow cough, with rattling of mucus in trachea and chest. The child sits erect, gasping for breath; dyspnœa from congestion and œdema of the mucous membrane. Paralysis of the lungs, gasping for air at the commencement of each paroxysm of cough, larynx painful to the touch, torpid croup.

Aggravation.—In the evening, when warm, when lying down, from anger (cough). Tart. emetic is especially adapted to the last stages of the catarrhal variety, or after relief has been obtained from other remedies from the more violent stages.

The symptoms last frequently but a short time, recurring in paroxysms.

Post-mortem after poisoning reveals larynx and trachea covered with large deep pustules.

Apis Mellifica.—Hoarseness and difficulty of breathing, roughness and sensitiveness of the larynx. Talking is painful; sensation as if larynx were tired after talking; drawing pains in the larynx; cough when starting during sleep. Rough cough during the evening. Larynx feels weak. *Morning hoarseness*, great feeling of suffocation, can bear nothing about throat. Croupy, ringing cough, with soreness of upper chest and painful concussion of the head, difficult breathing, suffocation after every drop of liquid. Labored inspirations.

Cough worse during warmth, rest, and on rousing from first slumber; predisposition to hives or nettlerash. Œdema of glottis, tongue swollen, tenacious mucus in throat; impending brain trouble.

Arsenicum Album.—Last stages of membranous croup. Great and rapid exhaustion, weakness, fainting. Pulse scarcely perceptible, but rapid. Eyes sunken and turned up, cold extremities, sunken or bloated face, bluish, slightly swollen lips, stupor, collapse.

Great heat, with frequent drinkings; the child only wets its lips, but in a moment again calls for water. Anguish, restlessness, constant tossing about, cold perspiration. Afraid of death or of being alone, sleeplessness. Dark vesicular eruption around red border of the lips, spasmodic constriction of the larynx, with anxious, short, oppressed respiration. Coryza, with stoppage of nostrils, impeding breathing, worse at night. Burning or dryness in larynx with hoarseness. Faucial croup, burning pain extending into the stomach.

The patient gets worse in paroxysms; between them there is comparative ease. Mouth and throat dry and *burning*, dry, inflamed, swollen. Voice rough, hoarse, trembling, or at one time strong and again very weak. Cough, with sensation of suffocation or constriction; or it is clear, ringing, and is excited by a burning or constant tickling in throat-pit. Cough raw, dry, metallic. Roughness and hoarseness of throat in the A.M. Cough, dry, short, as if from a vapor of sulphur.

Suffocation on lying down, although he lies down carefully; there is a shrill whistling sound in his constricted windpipe, such as is produced by a fine harp-string. He is likely to choke, and protrudes his tongue.

Aggravation.—After midnight; from cold water; from lying down.

Amelioration.—From heat; lying with the head high or with the head thrown back.

Arsenic is adapted to croup having a fungoid origin, arising after exposure in damp or mouldy rooms. It is sometimes useful during resolution after the paroxysmal stage, when there is a failure of the vital powers. It must be thought of in children subject to hives or nettlerash. *The Arsen. cough is always worse after drinking.* Inflammation of the tracheal membrane is seen in Arsenic poisoning.

Belladonna.—Hot head; face flushed, eyes red, *skin burning hot*, great soreness of the larynx; when touched the child appears to suffocate. Fauces bright red and inflamed. Dry, barking, spasmodic cough. Short, anxious inspirations with moaning. Drowsiness with sleeplessness. Sudden starting, as if frightened, during sleep. Rough, hoarse voice, child cries just before each attack of coughing. Difficult inspirations, as if mucus were accumulated in windpipe. Burning in chest, spasm of glottis.

Belladonna is adapted to plethoric red-faced children, whose actions are characterized by rapidity of motion and who are very irritable and peevish. It is most adapted to the spasmodic form.

Bromine.—Later stages of membranous croup. Fever, with hot face, thirst, restlessness, anguish, temperature of body unequal, frequently changing, great prostration; pulse quick, at times so rapid as to be uncountable, face blue, turning purplish at each effort to cough. Sleep full of vivid, startling dreams. Excessive drowsiness and languor. *Stoppage of nose and fluent coryza at the same time.* Soreness, scurfiness of nose, with *corrosion of adjacent parts*, on account of frothy mucus in mouth and nostrils, nose dry, with sneezing. Increased saliva, white tongue, convulsions, escape of flatus from the vagina. Child grasps its neck as if in pain. Soreness of abdominal muscles.

Gastric catarrh. Spasm of larynx, with much rattling during respiration and during the cough; great accumulation of mucus in the larynx, causing danger of suffocation (the Tart. emet. rattling is lower down).

Tickling in trachea during an inspiration, with laryngeal soreness. Netlike redness of the throat, with corroded patches. The false membrane is brownish, granular, filmy, tightly adherent (*Kali bich.*). Sensation of a lump or hair in the throat. Fauces feel raw, sore, irritated; voice hoarse, croupy, whistling, with hoarse wailing or crying, partial or complete aphonia.

Spasmodic, suffocative tickling cough, dry wheezing without expectoration. Cough hoarse, whistling, or dry and stridulous, or paroxysmal, causing vomiting.

The child during the cough grasps the throat as if trying to tear something away. Gasping and snuffing for breath, with wheezing and rattling in larynx, heard during respiration. Chest elevated and depressed from labor in breathing; the muscles of the throat and neck are violently exercised, producing depression at the throat pit; the abdominal muscles are drawn up and the head is thrown back. Breathing is alternately slow and suffocating and hurried and superficial. It is labored and at times seems impossible. Child gasps for air as if from suffocation. The inhaled air feels cold.

Aggravation.—In evening, first part of night; from deep respiration; from warmth; at night (cough).

Amelioration.—After midnight.

Bromine is suited to fleshy children, with blue eyes, clear skin, and fair hair. It follows well after Spongia. It is chiefly useful in the last stages, when prompt relief is needful, and may be then used as an inhalant, when it will often soften the membrane (use 10 drops to ℥ij of boiling water, allowing the child to inhale the steam). It is also useful internally.

Bromine is one of the most important remedies, and is not used enough. Experiments on pigeons show in the post-mortem a severe inflammation of the larynx and trachea, marked by slight reddish stripes, and showing a dull-red color, especially about the glottis. There is an exudation of plastic lymph, almost blocking up the air-tubes.

Bromine is very volatile, and should be kept in a vial with a glass

stopper to which a small glass tube is attached, through which a drop can be at any time added to a bottle of pure water. It must be prepared fresh each time of using, as it soon becomes Bromic acid.

The differential diagnosis between Bromine and its analogue Iodine, can be found under the latter remedy.

Bryonia.—Spasmodic croup; hoarseness, with tendency to perspire. Dry, hacking cough, single spasmodic cough against the upper part of trachea. Scratching, painful, hacking cough as from rawness of larynx, after lying down in bed at night; desire to hawk, because of a sensation of mucus in larynx. Cough on going from cold into warm air, from a sensation of vapor in the windpipe. Frequent gasping for breath before a fit of coughing; quick spasmodic respiration, as if child could not recover its breath. Suffocation fit followed by cough (after midnight). *Bronchial* croup with insufficient reaction of the organism after dangerous symptoms are subdued. Violent headache, worse from motion; all symptoms better from rest.

Bryonia if the right remedy will induce speedy perspiration. It is useful in children attacked after having measles; also, in the rheumatic diathesis.

Caladium seguinum.—Spasmodic form. Epiglottis and adjacent parts swollen, painful to pressure; the larynx and trachea seem constricted, impeding deep respiration, which is incomplete; the inspiration being catching, with sinking in of pit of stomach during it. Grasps throat with hand constantly. Aphonia, no thirst.

Cough originating above larynx, weak, toneless, occurring at night, preventing sleep, and continuing on the following morning.

Cough incessant, hoarse, worse on attempting to speak, and without expectoration or with expectoration of small lumps of mucus.

The *least* noise awakens the child; aversion to taking medicine.

It is adapted to the phlegmatic temperament. After sleep in the daytime the pains are gone.

Calcarea carbonica.—Spasmodic croup; during inhalation, the cheeks and supra-sternal fossa are forcibly drawn inwards, indicating spasm of the glottis. Each inspiration is hoarse, rough, loud, and difficult, causing the child to cry with pain; purplish face, worse after sleeping. Adapted to fleshy, large-headed children, with flabby skin and light hair. During dentition. Children whose heads sweat and smell sour. General sour smell about the child. Flabby, emaciated children.

Calcarea phosphorica.—Suffocative attacks on lifting child up from the cradle. After nursing, after crying, or after being raised from the cradle breathing ceases. The head turns backward, the face is blue, there is fighting with hands and feet. After the attack great relaxation.

Calcarea sulphurata.—Exudation of tough mucus in larynx and trachea, obstructing respiration; voice hoarse, cough dry, loud, almost barking, frequently repeated, yet not constant, and not producing any great anguish. Violent cough, with danger of suffocation from the profuse accumulation of plastic exudation. Loose cough, without expectoration or expectoration by vomiturition. The cough is toneless, loose, yet there is no expectoration, and the respiration is free from any whistling sound, but is rattling and sometimes short. This little-used remedy, may be useful after the exudation stage, when, after the hard membrane has been softened, there exists a great quantity of tough mucus in the throat,

causing much discomfort. It will sometimes change the croupous to a catarrhal cough, and when given in season, will sometimes prevent exudation.

Carbo animalis.—Evening hoarseness; *roughness and hoarseness in throat early in* A.M., with dry cough. Hoarseness in daytime with aphonia at night. Cough with constriction of throat and spasm in chest. Cough arresting the breathing. Suffocative evening cough. Rattling and whizzing in chest, in evening in bed; sudden oppression of chest when attempting to inspire deeply. Suffocative constriction of chest early in A.M.; fear of death; stitches in heart from talking; sensation when moving the arms as if heart and chest would tear.

Carbo vegetabilis.—Is sometimes useful for hoarseness and loose cough, continuing for a long time after an attack of croup.

Causticum.—Catarrhal variety. Sensation of rawness and tightness in, with puffiness of left side of throat, *causing him to pull clothes loose from it.* Aphonia from spasms of laryngeal muscles; voice obstructed, with sensation of a plug in larynx, which cannot be thrown off. Frequent paroxysms of suffocation during inspiration, *as if some one constricted the trachea*, causing a momentary arrest of breathing; this comes on when sitting.

Sudden arrest of breathing in open air, palpitation, perspiration, rush of blood to the head, face purplish, arrest of breath while talking, has to gasp for air. Cough, with rawness of throat, with sensation of soreness in interior of trachea, along a narrow space from below upwards. Each turn of cough causes pain in that space, nearly stopping the breathing.

Long-continued hoarseness and aphonia from paralysis of laryngeal muscles.

Chamomilla.—Catarrhal croup. *Much hoarseness, wheezing, and rattling of mucus in the trachea.* Dry, short, croupy cough, worse at night, often occurring during sleep. Child is cross, and is only quiet when carried about or rocked. One cheek red, the other pale; hoarseness from tough mucus in the larynx, which can only be brought away by hawking strongly. Catarrhal hoarseness, with dryness of the eyelids. Suffocative tightness of the upper chest, with desire to cough.

China off.—Laryngismus stridulus. *Voice has a deeper and impure sound when talking or singing.* Mucus in larynx causing constant hawking, making the voice hollow and hoarse; stitches and feeling of roughness in larynx; *whistling and wheezing in trachea, when inspiring air.* Suffocative fit, as if larynx were filled with mucus, especially toward evening, and when waking at night. Painful and difficult inspirations and hurried expirations. Suffocative paroxysmal cough; arrest of breathing.

Chlorine.—Laryngismus stridulus; spasmus glottidis, both during expiration and inspiration; shrill sounds; expiration difficult (also Aconite); inspiration easy. (Sambucus and Spongia opposite.) Spasm of glottis interfering but slightly with inspiration, giving it a crowing sound, but preventing expiration. The respiratory acts consist of a series of crowing inspirations, each followed by an ineffectual effort at expiration, the whole inflating the chest to a most painful extent. Asphyxia with or without convulsions, during which the spasm relaxes and respiration is resumed.

Desire to cough from tickling, with sensation of rawness behind thyroid cartilage. Difficult expulsion of air when attempting to cough. Abortive cough, with the desire growing more and more intense.

The great characteristic is, that while the air can be *drawn into the lungs freely, it cannot be expelled.*

A weak solution of Chlorine should be prepared in cool water, and a teaspoonful should be given at each paroxysm.

Cina.—Spasmodic croup. Difficult loud respiration, short breath, as from much mucus in chest. Loud whistling whoop in trachea while inspiring, not audible during expiration. (*Vide Spong. and Acon.*) Before coughing the child starts suddenly up, looks wildly about, the whole body is stiff, the child becomes unconscious; this is followed by cough. Whimpering after cough, or a clucking noise is heard; anxiety, gasping for breath, pale face.

Cinnabar.—Has been recommended by *Teste* in pseudo-membranous croup. Its efficacy is doubtful.

Cocculus indicus.—Spasmodic form. Wheezing, suffocative, snoring breathing, worse during inspiration, with slow expiration, sometimes arrested, with puffed face. Cough from smoky feeling in trachea, constricting it and arresting breathing. Each paroxysm of cough consists of two turns. Irritation in upper larynx inducing cough.

Conium.—Spasmodic form. Suffocative fit, as if throat were stopped with mucus. Hoarseness, with dry cough. Heavy inspiration, with pain in chest, short, panting breathing.

Cubeba.—Membranous croup. The false membranes are *thick and of a dark shade.* Abundant flow of viscid, purulent, or blackish mucus from the bronchia, which accumulates in the throat, threatening suffocation; viscid mucus in the mouth.

Expectoration is always difficult and painful. Throat burning and contracted, constant desire to hawk and cough. Constant need to swallow saliva in order to relieve the dryness and suffering in the throat and larynx. Sensation of fulness and strangulation in the neck; deglutition is difficult and very painful, water and food often passing through the nose and into the larynx, causing cough with expectoration of blood. Sensation of a foreign body in the throat. Tubercles in throat and larynx. Sensation as of a miliary eruption in the bronchia and lungs.

Sensation as of a thousand pins sticking into the lungs on respiring. Muscles of throat seem paralyzed. Burning erythema in the mouth, changing to gray patches.

Cough, with coryza and hoarseness. During and after the cough, *cold sweat upon the breast and back, with burning in the abdomen.* Barking, croupy cough, with sensation of a foreign body in larynx. Quick loud cough, which terminates in the expulsion of masses of white mucus, and occurs in the morning and evening. Incessant bronchial cough, worse in the evening, from heat, in the open air, and from movement. Short and constant cough, as if from swallowing the wrong way. Harsh cough, seeming to tear and rupture the bronchia. Voice harsh and wheezing; respiration noisy and panting, impeded, difficult, with crepitant râles. Great fulness in chest, dyspnœa and sensation of suffocation.

Can lie only on the left side. Desire to take milk and warm drinks, especially such as induce perspiration.

The patient will drink anything, even stagnant water, to relieve the intense pain. Ill-temper; face red and pale by turns, shrunken or bloated. Contractive. pressive headache, with drowsiness but without sleep. Anxiety, cannot remain in bed. Skin moist, burning; pulse frequent and hard; pricking in the legs; nausea; craving for acids.

Cubebs is a much-neglected remedy, and when the peculiar condition above described exists it will produce a brilliant result.

Cuprum metallicum.—Laryngismus stridulus. Angina faucium, with croupous exudation on the left tonsil. Asthma Millarii. The larynx is drawn downward, the trachea is hard as a bone, and nearly even from the chin. Each effort to swallow increases the spasm; whistling, crowing, very difficult breathing, audible a long distance; rattling in chest when awake; hoarseness on breathing dry cold air, continuous, so that speech is prevented, with inclination to lie down. Complete aphonia; metastatic cough, with a croupy sound; cough, with regular inspiration, but sighing expiration. Cough, with almost suppressed respiration; spasm of glottis preventing speech. Spasmodic vomiting occurs when the suffocative spasms cease.

Cough, with bleating as though it came from abdomen, relieved by a swallow of cold water. (*Veratr. oppos.*) Hollow, hoarse, or metallic cough.

Face and limbs blue and puffy. Convulsions; cold nocturnal perspiration.

Child wakens with quick, difficult breathing; restlessness; eyes wide open; abdominal respiration. Head thrown far back on pillow, mouth wide open, cheeks dark red, purplish eyes, partly closed; hands and feet cramped and rigid, but not cold.

Cuprum will often lessen the suffocative lack of breath found in this form of the disease.

Drosera.—Tightness of chest when talking, even when uttering a single word. Creeping sensation, exciting cough, with sensation as if a soft body were lodged in the larynx, with fine stitches to right side of the throat. Hoarseness, deep voice.

Drosera is useful when after croup there remains a chronic form of the disease, which returns periodically, is spasmodic, and has bronchial rattling. This sometimes if neglected changes into hydrocephalus.

Gelseminum.—It is useful in a paralysis, following croup, of the muscles of the neck. There may be aphonia, long inspiration with a crowing sound, while the expiration is sudden and forcible. Spasmodic croup.

Hepar sulp. calc.—Catarrhal variety occurring with or without fever. Pain in the larynx, worse from pressure, speaking, coughing, or breathing. Swelling below the larynx; sensation of *down* in larynx. Sensation in throat as if some sharp instrument were sticking in it (imaginary fish-bone), or of internal swelling when swallowing. Hoarseness or aphonia. Attacks of dry, rough, hollow cough, with anguish, *scraping in larynx*, rattling, choking, and suffocation, often ending in crying. Abundant expectoration of tenacious mucus with relief to the rattling breathing. Hoarseness and rattling of moist mucus, which the child cannot raise, with but slight difficulty in breathing. The cough (looser than Spongia) often produces desire to vomit. Subdued cough from oppression of the chest; cough, whistling or moist, from tickling in larynx, excited from uncovering even a single limb.

Respiration easy, or it is hoarse, anxious, with danger of suffocation when lying down; suffocative attacks compel child to sit erect, and to bend head backward.

Sensitiveness to cold air. Stitching pain extending from ear to ear when swallowing or turning the head. Every little motion causes slight sweat; profuse, clammy, or sour sweat continuously; *sweat before midnight.* Frequent desire to pass urine, which is dark yellow and soon deposits a white sediment. Head thrown back during profound sleep, with frequent startings. Irritability or sadness, and weeping; desire for acids or strong-tasting food or drink. Easily excitable; throbbing of carotids. Eyes protruding, or lids are spasmodically closed. Starts during sleep as from want of air, with moaning and great general anxiety. Hot flushes, with sweat; burning heat, with red face and great thirst.

Frequent deep inspiration, as after running. Epistaxis. *Cough causing vomiting.* Great drowsiness in the evening; deep dry cough, with obstructed breathing on inspiring, and pain in top of chest at every cough. Swelling of right hand, or of fingers of both hands, with stiffness whilst lying.

Aggravation. From 12 to 2 A.M.; from exposure to dry cold west winds; nightly; *from cold air;* from uncovering even a single limb; during exercise; from lying down.

Amelioration.—When warmly covered; when at rest.

Differential Diagnosis between Hep. and Spongia.

Hep. s. c.—Aggravation in the morning (after midnight).

Spongia.—Aggravation in the evening (before midnight).

Spongia.—Cough piping, crowing, very dry-sounding, with rough crowing cry and sensitiveness of the larynx to the touch; cough *worse* when sitting erect; better lying down, and from eating or drinking.

Hepar. sulp.—The cough is produced or aggravated by lying, especially with the head low; better with the head high; worse from cold food. The cough is deep, rough, barking, with hoarseness or aphonia, with slight suffocative spasms. There is more rattling of mucus than in Spongia.

Aconite follows Hepar well.

Hydrocyanic acid.—May be useful for a spasmodic condition after Hepar.

Iodine.—Last stages of membranous croup, tracheal or bronchial variety, with tendency to torpor. Pain, with feeling of contraction and heat in the larynx. Roughness, with pressure and stitches in larynx and pharynx as if swollen. Discharge of hardened mucus. Increased secretion of tenacious mucus in trachea. Soreness of throat and chest, especially when in bed, with wheezing in throat and drawing pains in the lungs. Fauces inflamed, with burning and tickling. External glandular swellings of throat and of thyroid gland; tightness and constriction about larynx, with soreness and hoarse voice. Laryngeal spasms. The child grasps *chest and larynx.* Difficult deglutition. Creeping and tickling in the larynx, only to be removed by hawking and coughing, with flow of water in the mouth in bed in A.M. Expectoration of tough mucus, with pressure as of something he might swallow, in the morning. Voice rough, deep, hoarse, with pain in larynx and chest, or aphonia. The voice continually becomes deeper. Hoarseness, with flushed face.

Cough accompanied by expectoration of blood-streaked mucus. Dry, short, hacking, hoarse, or rattling cough; spasmodic morning cough, from contraction and tickling in larynx and supra-sternal fossa. Violent attacks of cough threatening suffocation, with whistling tone and great anguish. The peculiarity of the Iodine cough is that it has lost the peculiar metallic, loud *timbre*, so characteristic of croup, and has become

muffled and indistinct. Violent difficulty of breathing; great dyspnœa; much rattling of mucus, which is difficult to expectorate. *Difficult inspiration*, with wheezing, sawing respiratory sound.

Face cold and pale. Restlessness, changing position, *without* anguish (Arsenic); thirst; putrid smell from the mouth. Great prostration and debility. Sleeplessness. Profuse nosebleed. Aphthæ in mouth. Obstinate retention of urine, which when passed is dark, turbid, or milky. Constipation, or copious discharge of watery, foamy, whitish mucus; nightsweat.

Aggravation.—Nightsweat. Cough worse mornings, from motion, heat; when lying on the back.

Amelioration.—By cold; after eating

Iodine is especially adapted to fat children with dark hair and eyes. (Light hair, Hepar.) The symptoms steadily increase in severity. (Chronic laryngitis.) It will be found most useful when the trachea and bronchi are principally involved, the membranes being lower in the throat than usual. The membranes may be moist, but the child has not the strength to expel them. It follows Hepar well.

Iodine is used internally by placing a few drops of the 1x in liquid, and has been recommended to be given in the first stages of the disease to abort the attack. It has been also locally applied to the throat internally, but the most usual method of administration is by inhalation, as follows: Put a few drops (from the tincture to the second dilution) of Iodine in a shallow vessel containing boiling water, and holding the child's head over this, cause him to inhale the vapor. Renew this every two to six hours. This will sometimes soften the false membrane and cause its expectoration when all other means have failed.

Dr. Elb claims Iodine to be useful in all stages of croup.

Differential Diagnosis between Iodine and Bromine.

Iodine.—Moist cough *with* expectoration.
Bromine.—Wheezing cough *without* expectoration.
Iodine.—Worse in the morning.
Bromine.—Worse in the evening and during the night.
Iodine.—Hoarseness and dyspnœa from congestion and exudation.
Bromine.—Spasms and œdema of the glottis.
Iodine.—More fever, thirst, and general irritability.
Bromine.—Local symptoms more violent.

Ipecacuanha.—Deep-red color of the tonsils and pharynx. Suffocative cough. Child becomes stiff. Croupy cough occurring during the night. Dry, tickling cough, or with rattling in the bronchi. A rattling is heard in the bronchial tubes during respiration, which is short and *panting* (also Ant. tart.); urine bloody, or with brickdust sediment; nightsweats; vomiting of large quantities of mucus. Diarrhœic, fermented stools; nausea.

Cases characterized by slow progress of the disease.

Useful in the catarrhal condition following croup.

The panting sound during respiration is an important symptom.

Kali bichromas.—Membranous croup; early formative stage. Insidious onset, catarrhal form. Pain as from ulceration in larynx. Tickling in upper larynx on lying down at night, causing considerable coughing. Thickened feeling about bronchia; soreness in the chest; painful deglutition. Tonsils and larynx red and swollen, covered with false

membrane, difficult to detach. Fauces dark red, glossy, puffed, showing ramifications of pale-red vessels, and having deep-eating ulcers with dark-red centres and overhanging edges, which discharge tenacious yellow matter. Severe pains in left side of throat, extending to the head and neck. Pharyngeal fissures exuding blood (left side). Parotid glands swollen. Elastic, gray, or yellow false membrane, extending from fauces into trachea and nares (see Bromine). Pressure at root of nose, relieved by discharge of tough, hard, stringy mucus. Tightness at tracheal bifurcation. Irritation of the larynx in the morning, causing hawking of mucus. Voice hoarse, rough in the evening; aphonia (Causticum opposite).

Cough hoarse. Child strangles when coughing from an inability to detach the tough mucus, which he has to swallow. Dry cough with tough expectoration. Cough hoarse, dry, barking, metallic, or harsh. Paroxysms of loud rattling cough, lasting several minutes and ending in expectoration of tough mucus, which hangs from the mouth in long tough strings. Cough at every inhalation. Short, wheezing, or hard cough, worse early in the morning. Cough from insupportable tickling in larynx or at tracheal bifurcation, or from an accumulation of mucus. Cough preceded by wheezing or panting. Morning cough, with tough expectoration, or on account of full feeling at the epigastrium.

Stridulous respiration, with an effort to vomit a viscid, tough, stringy mucus, *which can be drawn out in long strings to the feet;* wheezing during sleep. Laborious respiration with great prostration. Breathing is performed only with the muscles of the abdomen, neck, and scapulæ, in the later stages. Violent wheezing and panting immediately after waking, followed by a violent cough, causing patient to sit bent forwards. Wheezing and rattling in chest during sleep, audible at a distance.

Countenance anxious; cheeks puffed and livid; pulse frequent and small. Extremities cold. Great restlessness and jactitation. Slight eruption over entire body, varying in persistence. Left side mostly affected. Thick coat of yellowish fur at root of tongue. Loss of appetite. Constipation. Debility. Loss of smell. Elastic plugs of mucus in left nostril.

Aggravation.—2 to 4 A.M.; in the cold; after eating; when taking a deep inspiration.

Amelioration.—By heat.

Kali bichromas will produce exudation and hardening of a false membrane in trachea.

In a case of poisoning by it, the air-passages were found lined with a thick, ropy, muco-purulent fluid, the trachea contained a false membrane, the epiglottis, rima glottidis, bronchia, and trachea were deeply injected, the lungs were healthy. The exudation was yellow and loose in texture. It is adapted to children with light hair, blue eyes, who are fat and chubby. The Kali bich. croup comes insidiously; the child seems only to have a severe cold, there is slight difficulty of breathing; as the disease advances there is fever with a slight elevation of temperature and increased dyspnœa. Finally there is diminished temperature, prostration, stupor, and death results from asphyxia. The attacks come on in the morning. It will sometimes soften the false membranes and cause their expectoration or vomiturition. It resembles Tart. emetic and Iodine, and is often applicable in the severe catarrhal forms after Tart. emet. fails.

Kali bromatum.—Spasmodic forms. In the earlier stages when the child appears well in the daytime. The child at night is agitated, has a

flushed face, suffused and bloodshot eyes; after several hours he sleeps, breathing easily and naturally, but soon he wakens in a paroxysm. Hyperæsthesia of laryngeal nerves followed at a later stage by a natural reaction. Loss of sensibility in the larynx. Exudations of a whitish, firm texture, affecting trachea and bronchi. (The membrane of Kali bich. is *yellow.*)

Harsh, painful voice, with hoarseness. Hacking cough, with dulness and confusion of head. The child wakens suddenly from sound sleep with a sensation of suffocation, and with a peculiar ringing, dry, brassy cough and hurried breathing.

It follows Acon. and Spong., whose action it resembles, well.

Kaolin.—This is a remedy which has been recommended for membranous croup seated in lower larynx and upper trachea. The respiration is sawing and labored. Husky voice. Metallic, rasping breathing and suffocative cough. The cough and suffocative spells are worse in the evening. Suffocative paroxysms with labored sawing breathing. Great feverishness. Dry skin.

It is said to dissolve false membrane.

It should be thought of as a last resort after all else has failed.

Lachesis.—Diphtheritic croup, advanced stages. Exudative patches in fauces extending downward on pharynx and larynx. Sensation as if trachea had become narrower after the siesta; the mucus cannot be detached as before.

The trouble commences on the left side and extends to the right.

Sensation as of something fluttering above the larynx. Contraction and constriction of larynx, with sensation of tension and swelling. Weak voice. Dry, short, suffocative, and croaking cough. Fatiguing cough, whose utmost efforts can detach nothing, excited by tickling in the larynx. Cough at times attended with vomiting. Impending paralysis of the lungs. Patient seems likely to choke while sleeping. Suffocative attacks when the throat is touched. Tendency to deep inspiration. Attacks of suffocation, especially on lying down in the evening or in bed at night, but principally when anything is placed before the nose or mouth.

Dry heat, principally at night or in the morning, often accompanied by agitation and tossing, headache, delirium, insatiable thirst, rapid prostration, pulse frequent, feeble, irregular, great anguish, mental dejection, fear.

Children *sleep* into croup; when thoroughly aroused they breathe pretty freely. Child wakes from a short nap as if dying. *Extreme rigidity of the body.*

Aggravation.—After sleep; from having the least thing touch the throat; worse until midnight; on waking.

Adapted to children subject to inflammatory rheumatism. It is important in the very fatal cases to which Lachesis is adapted that the child should be kept awake, as if left to itself it will at once sink into a stupor, and that it should be fed at short intervals with beef tea, milk punch, and the like nourishing and stimulating food.

Lactic acid.—Dryness, scratching, and burning in the throat; tearing in the larynx and trachea, with hoarseness, difficult expectoration of gray, tasteless mucus, or it is so tough as almost to exclude the air. Horrible dreams of abysses, and restless sleep.

During all these symptoms there is no croup-sound to be heard.

Lycopodium.—Last stages. Membranous or diphtheritic croup. Hoarse

voice. Loose cough in daytime with suffocative fits at night. Suffocative fits alternate with free intervals. Hoarseness remaining after croup. (Phosphorus.)

It is also said to be useful for children where there is a marked disposition to croup.

Moschus.—Laryngismus stridulus. Swelling of the larynx. Sudden attacks of crowing and protracted inspiration. Spasm of the lungs. Feeling in upper larynx as if the breath would be excluded, as if he had inspired a sulphurous vapor, with constriction. Pressure on chest, worse on lying, with gasping for breath.

Children with a light complexion; often useful in the last stages after other remedies have proved useless.

Naja tripudiens.—Spasmodic croup. Clogging up of the larynx and trachea with thick mucus, which is hawked up with difficulty. Sensation of soreness in larynx and trachea (Caust.), or as if there was a hair in it, causing constant tickling, coughing, and hoarseness, with finally expectoration of tenacious mucus. Breathing is laborious; gasping for breath for several hours.

Natrum muriaticum.—Scraping in larynx, with rough voice. Violent hoarseness, worse early in A.M. Rough, hoarse, short, hacking cough. *Cough making the child breathless.* Soreness in larynx and trachea when coughing. Oppression of chest, with burning in the hands.

Nitric acid.—Violent coryza, with *great hoarseness*, and cough with stitches in the throat at every impulse. Shooting pains in region of larynx; sharp, scratching roughness in throat, like a file, not felt on swallowing, but on breathing, with oppression of chest and coryza. Dry, barking, evening cough; rough, dry cough before midnight, giving no rest, shaking the whole body; stitches through chest; fever; shortness of breath. *Oppression on the chest.*

The cough is much worse at night, and is troublesome during the day, when reclining or slumbering.

Opium.—Spasmodic form. Hoarseness, as if trachea were filled with mucus; the mouth is dry, tongue white. Hollow, dry cough, followed by yawning, and a sudden loud cry. Suffocative catarrh. Cough when swallowing. Coughs up frothy mucus. Difficult, tight breathing, worse at night. Single deep inspirations or arrest of breathing. Anxiety, and contraction and constriction of chest, as if it were stiff. Croup in adults.

The *hoarseness* is a marked symptom.

Phosphorus.—Is adapted to a disposition to relapse after the disease has yielded. Croupy bronchitis, with great weakness. Hoarseness obstinate, remains after croup. (*Lyc.*) Child is hoarse, croupy, at night; better toward morning.

Hoarseness and raw pain and soreness in the chest, as if it were excoriated. Continual irritation in the larynx and trachea, low down, with oppression in chest. Pain, roughness, and burning in the larynx. Velvety look about fauces. Sensation as if a piece of flesh or skin were hanging loose in the larynx. Burning and dryness in the throat. Swollen tonsils.

Hoarse, trembling, hissing, or croupous deep voice. Aphonia (*interrupted voice, Spongia*). Dry, tickling, not very harsh-sounding cough. Dry, hacking, or loose cough. Hollow, hacking, shrill, spasmodic cough. Cough from tickling in the chest; worse at night. Shortness of breath; expectoration of mucus, with a hollow cough.

Respiration hurried (slow, Spongia). Constant expectoration in the

morning, and during the day. (*The Spongia cough is dry; the expectoration is not constant; it is loosened in* A.M., *and swallowed.*) Great oppression of breathing; worse during inspiration.

Aggravation.—At night (cough); from lying on the left side; from going from a warm into a cold room. (Bry. opposite.)

Amelioration.—Toward morning.

Phosphorus is adapted to tall, slender patients, where there is a weakness of the chest. It is useful for sequelæ of croup when improvement seems to stop.

After Hep. fails, or after Acon. and Spongia.

Rumex crispus.—Dry, barking, croupy cough. Some fever. Useful after Spongia and Hepar have failed.

Spongia tosta.—Membranous and spasmodic varieties. Difficult respiration, *as if a stopper or plug were in the throat*, and as if the breath could not pass through the constriction in the larynx. Cough excited only by inspiration.

Piping, crowing, very dry-sounding cough, and rough, crowing cry, *with great sensitiveness of the larynx to touch.* Barking like a hoarse dog; worse during inhalations.

Great dryness in the larynx, with short and barking cough, and embarrassed breathing, as if the larynx and trachea were narrowed. Whistling in the larynx; rough false membranes in the larynx. Glands of the neck are swollen. Shock upwards in the trachea, like a suffocative paroxysm, rousing the patient from sleep. Hoarseness; aphonia; voice hollow, low, lisping, weak. (*Hoarseness remaining after Spongia, Carbo veg.*) The voice suddenly fails while speaking. Aphonia after laryngotomy. The throat remains dry after inhaling Bromine. Tickling and heat in the larynx and trachea. The larynx is elevated and depressed during respiration; the head is bent backward, the throat pressed forward, to get more breath. Sometimes the larynx is swollen, almost protruding above the chin. Suffocative *sawing breathing, as if a saw were driven through a pine board.* Pale, distressed face. Sudden attack, violent coughing spells, with great anxiousness. Synochal fever, followed by a remission, with much relief to breathing. Slight sawing sound during inhalation. Cough hollow, barking, whistling, loose, painful. Children with fair skins. Pit of stomach drawn in with the cough; difficult expectoration of small quantities of slime. Slow, loud, whistling respiration, with attacks of suffocation, and impossibility to inhale without the head thrown back. Stridulous respiratory sounds during inspiration (Aconite opposite). Pain in the chest, with dyspnœa.

Sawing sound during remission of the attack. Dry cough day and night, with burning in the chest, as of something hot inside. *The cough subsides after eating or drinking. Each cough corresponds to one thrust of a saw driven through a pine board.* Hollow cough remaining after croup. Cough increased by excitement. Very painful cough. Whooping-cough, with croup. The child falls asleep well, and wakes up choking and croupy.

Heaviness, languor, shiverings, flushes of heat, hard quick pulse. Easily frightened. Weeping. Bronchitis following croup. Weak after every exertion. Fluent coryza, and sometimes sneezing, with *saliva drivelling* from the mouth.

Aggravation.—Complaints in throat are worse from using sweets. Larynx painful from touch, when moving neck or throat, when coughing, talking, swallowing.

Amelioration.—From eating and drinking.

Spongia acts on the fibrous tissues. It is often indicated, not only in the first stages of the disease, but also when the exudation has been removed by other remedies, and there still remains a rough, hollow, dry, scratching cough, almost incessant, with scraping in the larynx and trachea, with or without shortness of breath.

Fever continuing after Aconite will often yield to Spongia.

The characteristic points of this remedy are the great sensitiveness of the larynx, the feeling as of a plug in the throat, the sawing respiration, the amelioration from eating or drinking, and the aggravation from sweets.

It is useful after Bromine, Iodine, Phosphorus.

Spongia resembles Hepar, and their differential diagnosis is given under the latter remedy.

Spigelia.—Suffocating cough, as if from a quantity of water flowing into the windpipe. Sudden violent cough, occasioned by water having got into the windpipe. Dry, violent, hollow cough, from an irritation in the trachea, worse when bending forward, and arresting breathing.

Sepia.—Spasmodic croup. Cough in violent, protracted paroxysms, infrequent, rather dry, and accompanied by retching.

Sempervirens tectorum.—Dr. Garin with this remedy cured three-fourths of his cases of croup, being led to its use by observing that the peasants used it for throat affections, characterized by a deposit of false membranes. (*U. S. Med. and Sur. Journal*, vol. ii, p. 200.)

Sambucus nig.—Spasm of the glottis. Dryness of throat and mouth, with thirstlessness. Inflammation of larynx and trachea, with accumulation of much tough mucus. Laryngismus stridulus. Spasm of the chest.

The breathing through the nose is impeded. Quick, wheezing, crowing breathing, with suffocative attacks just after midnight, and from lying with the head low; difficult inspiration.

Head and hands blue and swollen. Heat without thirst.

Burning, red, hot face; hot body with cold hands and feet *during sleep.* On awaking the face breaks out into a profuse perspiration, which extends over the body, and continues in a greater or less degree during the waking hours; on sleeping the dry heat returns. Great restlessness, with throwing the arms about.

Frequent waking, as if in fright, with fear of suffocation, the mouth and eyes being half open. Head bent backwards. Face and hands bloated, and dark blue. Pulse small, quick, at times intermittent. *Dread of being uncovered.*

The dry heat occurs during sleep, profuse sweat appearing first on face, only after awaking. Worse from 12 till 4 A.M.

Impending suffocation and paralysis of the lungs.

Sulphur.—Very rough throat. Aphonia. Swollen larynx. Sensation while coughing as of a painful blow in the larynx. Creeping in larynx. Speaking excites cough. Blackness before the eyes when attempting to cough. Stoppage of breath with suffocation during the day, and also whilst asleep, so that the patient must be wakened to prevent suffocation. These attacks of suffocation are painless during sleep.

It is recommended after Aconite, in mild cases of spasmodic croup.

A case of true croup is recorded in which the administration of powdered Sulphur, by an allopath, was followed by coughing up of the false membrane.

Sanguinaria Canadensis.—Chronic dryness of the throat. Sensation of swelling in larynx, with expectoration of thick mucus.

Aphonia, with swelling in the throat.

Severe cough without expectoration, with pain in the head and circumscribed redness of the cheeks.

Tormenting cough, with exhaustion. Whistling or metallic cough, as if coughing through a metallic tube. Dry cough, not ceasing until he sits up in bed, when it is followed by discharge of wind, above and below.

Diphtheritic croup. Catarrhal croup.

It is much used by the Eclectics in true croup, by adding 20 grains of Sanguinarin to Vinegar ℥iv. Steep and add ℥i Sugar, to form a syrup. Dose, one teaspoonful.

It is said to prevent the extension of the disease, and also, where given for some time, to eradicate a predisposition to it.

Sulphuric acid.—Mucous membrane of bronchia and trachea inflamed; epiglottis covered with a thick layer of false membranes, deep-scarlet color, intensely inflamed, but not corroded. Ulceration of larynx and trachea.

Sarsaparilla.—Spasmodic variety. Laryngismus stridulus. Throat rough, hoarse, and dry, in the A.M., on waking. Hoarseness in the throat every other day. Tough slime in the throat in the morning, which cannot be removed by hawking. Constant hawking of mucus in the A.M., the slime being reproduced in abundance. Spasmodic constriction in the throat and chest, with difficult breathing. Loosens clothes from the neck, in order to get breath; but this is without avail. Rawness and pain in the larynx.

Veratrum album.—Spasmodic constriction of larynx, with contraction of the pupil of the eye.

Arrest of breathing. Breathing imperceptible, or very labored. Suffocative constriction in throat. Deep, hollow evening cough, three or four turns at a time, which seems to come from the abdomen.

Veratrum viride.—Membranous croup after Aconite.

The following remedies, although but seldom if ever used in croup, may be sometimes available.

Æsculus hip., Anantherum mur., Alumina (*Ammon. brom.*), Amygdalæ, Asparagus, Bufo ranun., Baryta acet., Baryta carb., Benzoic acid, Baptisia, Cannabis sat., Cantharis, Carbolic acid, Carbonum oxygenatum, Carbonum sulp., Chelidonium, Carduus ben., Curare, Chloralum, Colchicum, Coralium rubrum, Croton tig., Euphorbia, Fluorine, Glonoin, Guaiacum, Guarea, Gadus morrhua, Graphites, Hell., Hyos., Ignat., Ledum, Lauroc., Lobelia, Merc. iod., Podop., Stramon.

DEPARTMENT

OF

OBSTETRICS, GYNÆCOLOGY

AND

PÆDOLOGY.

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1874.

REPORT OF TWO HUNDRED AND FOUR CONSECUTIVE CASES OF OBSTETRICS OCCURRING IN PRIVATE PRACTICE.

BY A. R. THOMAS, M.D., OF PHILADELPHIA.

Realizing the value of statistics in everything relating to medicine, and particularly in obstetrics, of the last two hundred and four cases in my practice I have kept careful records, noting the following points: Number of the pregnancy, sex of child, presentation, time in labor, and hour of delivery, with remarks in special cases. The value of this record would have been increased had I also included the age of the mothers, duration of different stages of labor, etc. The record is also incomplete from many cases of abortion, particularly in the early months, not having been recorded, and thus an opportunity of estimating the relative frequency of this accident, both during the several months, and in proportion to the number of labors at full term, is lost.

With the intention of keeping more careful and complete records of these cases in the future, I would urge upon my brethren the same practice, and by reporting the same from time to time, a vast amount of valuable information may be accumulated.

TABLE I.

Number of case.	Number of pregnancy.	Sex.		Presentation.	Hours of labor.	Time of delivery.	REMARKS.
		Male.	Female.				
1	1		F.	V.	2½	2¼ P.M.	
2	3	M.		V.	3½	6 A.M.	
3	1		F.	V.	12	7½ P.M.	Internal hæmorrhage, relieved by pressure of bandage and Bell.
4	3	M.		V.	4	5 A.M.	
5	1	M.		V.	8	3½ P.M.	
6	4		F.	V.	2	1 A.M.	
7	1	M.		V.	18	6 P.M.	
8	2	M.		V.	6	9½ P.M.	
9	2		F.	V.	8	4½ P.M.	
10	5	M.		V.	16	6½ P.M.	
11	3	M.		V.	12	4½ A.M.	
12	3	M.		V.	4	12 P.M.	Gave Ether.
13	3		F.	V.	4½	1½ A.M.	
14	1	M.		B.	24	3 P.M.	
15	8	M.		V.	8	5 A.M.	Ether.
16	3		F.	V.	6	2½ P.M.	
17	3	M.		V.	5	6½ P.M.	
18	1	M.		V.	12	5½ A.M.	
19	1	M.		V.	18	3½ A.M.	Convulsions; forceps. Mother and child both saved. Ether.
20	2	M.		V.	3½	5½ A.M.	

TABLE I. (*Continued.*)

Number of case.	Number of pregnancy.	Sex.		Presentation.	Hours of labor.	Time of delivery.	REMARKS.
		Male.	Female.				
21	1		F.	V.	6	3 A.M.	Ether.
22	1	M.		V.	6½	5 A.M.	
23	3	M.		V.	3	9 P.M.	
24	3		F.	V.	6	2 A.M.	Stillborn; eight months.
25	3	M.		V.	8	3 P.M.	
26	1		F.	V.	12	1½ A.M.	
27	1	M.		V.	14	10 A.M.	
28	6	M.		V.	4	7½ A.M.	
29	2		F.	V.	6	12 P.M.	
30	2		F.	V.	8	8½ P.M.	
31	1	M.		V.	24	10 P.M.	Inertia of uterus. Forceps.
32	5	M.		V.	5	11 P.M.	
33	3	M.		V.	8	11 A.M.	
34	2		F.	B.	6	7 A.M.	
35	2		F.	V.	7	11½ P.M.	Ether.
36	1		F.	V.	6½	3 A.M.	
37	1	M.		V.	18	5½ A.M.	Occiput posterior. Ether.
38	1		F.	V.	12	1½ P.M.	
39	1		F.	V.	14	9½ P.M.	
40	1	M.		V.	12	11½ P.M.	
41	4		F.	V.	4	4½ P.M.	
42	2	M.		B.	8	6½ A.M.	
43	1		F.	V.	12	4 A.M.	
44	2	M.		V.	4	11 A.M.	
45	6	M.		V.	3	4 A.M.	
46	1	M.		V.	3	2½ P.M.	
47	3		F.	V.	4	1 A.M.	
48	3	M.		V.	5	2 A.M.	
49	4		F.	V.	4	11½ A.M.	Twins, both females.
50	2	M.		V.	6	9½ A.M.	
51	1		F.	V.&B.	12	1½ A.M.	Twins, both females.
52	1	M.		V.	8	9 P.M.	Ether.
53	2		F.	V.	9	5½ A.M.	Internal hæmorrhage.
54	1		F.	V.	14	11 A.M.	
55	4	M.		V.	6	3½ A.M.	
56	1	M.		V.	5	5 A.M	
57	3		F.	V.	3	6 A.M.	
58	1	M.		V.	12	5 A.M.	
59	1	M.		V.	6	4½ A.M.	
60	3	M.		V.	3	11 P.M.	
61	2	M.		V.	8	12 P.M.	
62	1	M.		V.	12	2 A.M.	
63	3	M.		V.	4	3½ P.M.	
64	3		F.	V.	6	11 P.M.	
65	6		F.	V.	6	4 A.M.	Premature; eight months. Child did well.
66	2		F.	V.	8	3 P.M.	Premature; seven and a half months. Child did well.
67	1	M.		V.	24	11 P.M.	Inertia of uterus. Forceps.
68	2		F.	V.	20	1 A.M.	Convulsions; seven months. Mother and child died.
69	3		F.	V.	8	11½ P.M.	
70	1		F.	V.	12	. . . .	
71	1	M.		V.	18	6½ A.M.	Rigid perinæum (Ether); large head. Forceps.
72	1		F.	V.	10	5½ A.M.	Ether.
73	1	M.		V.	6	6 A.M.	
74	1	M.		V.	7	8 P.M.	
75	1		F.	V.	18	2½ A.M.	
76	1		F.	V.	10	3 A.M.	
77	6	M.		V.	4	11 P.M.	
78	2	M.		V.	8	4 A.M.	Stillborn; seven months.

TABLE I. (*Continued.*)

Number of case.	Number of pregnancy.	Sex.		Presentation.	Hours of labor.	Time of delivery.	REMARKS.
		Male.	Female.				
79	4		F.	V.	4	11 P.M.	
80	4	M.		V.	12	12½ A.M.	Stillborn; seven months. Ether.
81	2		F.	V.	8	9½ P.M.	
82	1	M.		V.	10	4 A.M.	Tumor of vagina.
83	1	M.		V.	6	5 A.M.	
84	2	M.		V.	5	8 P.M.	
85	2		F.	V.	6	11 P.M.	
86	1	M.		V.	8	1 A.M.	
87	2		F.	V.	5	4½ P.M.	
88	2		F.	V.	6	4 A.M.	
89	2	M.		V.	36	1 A.M.	Hydrocephalus of child, perforated head descended; found uterus ruptured. Mother died in a few minutes after delivery.
90	4	M.		V.	5	11 P.M.	
91	3		F.	V.	4	5 P.M.	Premature; seven months. Child lived a few hours.
92	2	M.		V.	6	1 A.M.	
93	4	M.		Arm.	24	2 P.M.	Version by feet. Child died; mother died of puerperal fever.
94	4	M.		V.	4	5 P.M.	
95	1		F.	V.	12	3 A.M.	
96	2	M.		V.	4	1½ A.M.	
97	3		F.	V.	6	4 P.M.	Miscarriage; six months.
98	8	M.		V.	7	3 P.M.	Miscarriage; five months.
99	1		F.	V.	5	1 A.M.	
100	4	M.		V.	8	12½ A.M.	
101	1		F.	V.	8	4 A.M.	Ether.
102	2	M.		V.	4	7 A.M.	
103	1	M.		V.	8	5 P.M.	
104	3		F.	V.	4	3 P.M.	
105	2		F.	V.	6	1 A.M.	
106	4		F.	V.	5	2 A.M.	
107	1		F.	V.	3	7 A.M.	
108	1	M.		B.	18	2 A.M.	Stillborn; seven months.
109	5	M.		V.	12	10 A.M.	
110	2	M.		V.	5	3 A.M.	Ether.
111	2		F.	V.	3	7 A.M.	Tumor.
112	1	M.	F.	V.	14	3 P.M.	Twins; miscarriage; six months.
113	1		F.	B.	24	3½ P.M.	Convulsions; forceps to breech. Mother and child saved. Ether.
114	1		F.	V.	8	4½ A.M.	
115	1		F.	V.	12	11 A.M.	Ether.
116	1	M.		V.	4	2¾ A.M.	
117	1		F.	V.	15	1½ P.M.	Rigid os and perineum. Ether.
118	1	M.		V.	4	10½ P.M.	
119	5	M.		V.	10	8 P.M.	Miscarriage; six months; severe flooding.
120	1		F.	V.	40	11½ A.M.	Forty-three years old; rigid os. Ether.
121	2	M.		V.	16	9 A.M.	Face presentation; cephalic version.
122	1	M.		V.	12	1 A.M.	Head rotated from right to left occipito-frontal. Ether.
123	2		F.	V.	4	3¼ A.M.	
124	3	M.		V.	6	10½ A.M.	Ether.
125	1		F.	V.	3½	10¾ P.M.	
126	1	M.		V.	4	5 P.M.	Miscarriage; four months.
127	5		F.	V.	3	3 A.M.	
128	1	M.		V.	4	1 A.M.	
129	3		F.	V.	2	7½ P.M.	
130	2	M.		V.	3	12½ A.M.	Ether.
131	3		F.	V.	6	5½ A.M.	Face; spontaneous version.

TABLE I. (*Continued.*)

Number of case.	Number of pregnancy.	Sex.		Presentation.	Hours of labor.	Time of delivery.	REMARKS.
		Male.	Female.				
132	2		F.	V.	2	1 A.M.	
133	1	M.		V.	6	11 P.M.	
134	2		F.	V.	3	7¼ P.M.	
135	3		F.	V.	12	3 P.M.	
136	1		F.	V.	20	1 P.M.	Occipito-posterior; Ether; forceps; adherent placenta.
137	3	M.		V.	6	4¼ A.M.	Cord four feet long.
138	1		F.	V.	5	12 P.M.	Convulsions second day; good recovery.
139	2		F.	V.	5	3½ A.M.	
140	1		F.	V.	12	12½ A.M.	Ether.
141	3		F.	V.	6	4 P.M.	
142	2	M.		V.	3	1 A.M.	
143	2	M.		V.	18	7½ P.M.	Occiput posterior; forceps. Ether.
144	3	M.		V.	3	7½ A.M.	
145	1	M.		V.	48	2 P.M.	Placenta prævia (partial); forceps; child died. Seven and a half months.
146	2		F.	V.	12	11¾ P.M.	Occiput posterior; forceps; adherent placenta; uterus inverted, returned at once. Ether.
147	3	M.		V.	3	2 A.M.	
148	1	M.		V.	4	2 P.M.	
149	2	M.		V.	6	9 P.M.	Occiput posterior. Ether.
150	1	M.		V.	12	6½ P.M.	Forceps; Ether; inertia of uterus.
151	2		F.	V.	3	2 A.M.	
152	2	M.		B.&V.	12	7 A.M.	Twins, six months, dead.
153	2		F.	V.	8	9 P.M.	Six months. Dead.
154	1		F.	V.	6	10 A.M.	
155	2	M.		V.	5	12½ A.M.	
156	2	M.		V.	12	10 P.M.	
157	2		F.	V.	6	5 P.M.	Ether; adherent placenta.
158	1		F.	B.	3	2 A.M.	
159	4	M.		H.	12	9 A.M.	Miscarriage; four months; no flooding.
160	6	M.		V.	6	10 P.M.	Ether.
161	1		F.	V.	7	3 A.M.	Puerperal fever; recovered.
162	1		F.	V.	5	1 A.M.	Ether.
163	1		F.	V.	10	11½ A.M.	Convulsions; forceps; death.
164	3		F.	V.	10	11 P.M.	
165	1		F.	V.	5	4¼ A.M.	Ether.
166	2		F.	V.	4	2 P.M.	
167	3	M.		V.	6	6 A.M.	
168	1	M.		V.	12	4 A.M.	Forceps.
169	2	M.		V.	8	9 P.M.	
170	6	M.		V.	8	2 P.M.	Placenta prævia; fearful hæmorrhage before called; perforated placenta, turned and delivered; child died; mother soon died.
171	1	M.		V.	8	4 A.M.	Forceps; feeble pains.
172	3		F.	V.	3	8 P.M.	
173	2		F.	V.	9	9½ A.M.	Albuminuria; dropsy; labor at eight months; mother and child did well.
174	1	M.		V.	8	6¼ A.M.	Forceps.
175		M.		V.	2	8 P.M.	
176	2	M.		V.	3	4 P.M.	Ether.
177	1	M.		V.	12	4 P.M.	
178	3		F.	V.	3	4 A.M.	Occiput posterior.
179	5		F.	V.	4	7 P.M.	
180	2		F.	V.	2	9½ A.M.	
181	2	M.		V.	12	2½ P.M.	Feeble pains; forceps.
182	1	M.		V.	12	11½ P.M.	
183	5		F.	V.	4	8 P.M.	
184	3		F.	V.	6	12 M.	
185	1	M.		V.	24	7 A.M.	Forceps. Ether.
186	5		F.	V.	1	4¾ P.M.	

TABLE I. (*Continued.*)

Number of case.	Number of pregnancy.	Sex. Male.	Sex. Female.	Presentation.	Hours of labor.	Time of delivery.	REMARKS.
187	3		F.	V.	4	7 A.M.	
188	3		F.	V.	4	5 A.M.	
189	1	M.		V.	12	4 A.M.	Ether.
190	3	M.		V.	6	12 M.	
191	4		F.	V.	4	6 A.M.	
192	1	M.		V.	3	8 A.M.	
193	1	M.		V.	14	6 A.M.	Ether.
194	1		F.	V.	10	6½ A.M.	Stillborn; full term.
195	2	M.		V.	10	5 A.M.	
196	3	M.		V.	24	1½ A.M.	
197	2	M.		V.	5	5 A.M.	Ether.
198	2	M.		V.	2	11 A.M.	
199	2	M.		V.	8	3 A.M.	
200	4	M.	F.	V.	6	6½ P.M.	Eight months; children lived three weeks.
201	2		F.	V.	6	12½ A.M.	Seven months. Child lived.
202	4		F.	V.	4	8 P.M.	
203	1	M.		V.	48	11 P.M.	Forceps; inertia of uterus; Ether.
204	3	M.		Arm.	36	5 P.M.	Podalic version; child dead.

TABLE II.

Males,		112
Females,		96
Twins,		4
Vertex presentations,		194
Breech "		8
Arm "		2
Face "		2
Occiput posterior,		6
Placenta prævia,		2
Prolapsed cord,		2
Internal hæmorrhage,		2
Convulsions,		5
Ruptured uterus,		1
Inversion of uterus,		1
Version by feet,		2
Forceps used,		18
Anæsthetics,		37
Deaths of mothers:		
from rupture of uterus,	1	
placenta prævia,	1	
convulsions,	2	
puerperal fever,	1	
	—	5
Stillborn children (after seven months),		8
Abortions between three and seven months,		8
Births between 6 P.M. and 6 A.M.,		132
" " 6 A.M. and 6 P.M.,		72
Proportion of night births, about		¾
Shortest labor,		1 hour.
Longest labor,		48 hours.
Average of all,		8½ "

REMARKS.

By comparing some of the averages brought out by these tables, it will be observed that the proportion of cases of convulsions, breech and face presentations, etc., is something greater than those given by authors on obstetrics generally. This is readily accounted for by the fact that several of these cases were first in the hands of others, and perhaps should not appear in this report at all; at least their presence tends to increase the apparent frequency of such cases in general practice.

My experience in the use of anæsthetics has been such as to cause me to place a high estimate upon their value in *protracted painful labors*, when there are no contra-indications for their use. I am convinced that the frequency of the pains is often lessened by their use, particularly if given before the head has passed the os; yet even then, in cases where there is great rigidity of the os, and the labor is painful and slow, and the patient perhaps becoming nervous and anxious, the use of the anæsthetic, by its relaxing effect upon the rigid tissues, and soothing influence upon the patient, has been found highly beneficial. I seldom resort to its use until the head is about to pass into the vagina, and then rarely push its influence to complete anæsthesia. I generally discourage its employment in all cases where I find the parts in a favorable condition, and when I have reason to believe that the labor is not likely to be protracted beyond the usual average of time, preferring, if the woman have the necessary courage, that she be in a normal condition, rather than stupefied by an anæsthetic.

The support of the perinæum, which is thought of so much importance by some. I look upon as of little value in the prevention of lacerations. I never employ it for any such purpose, and have never had that accident occur. In cases of delay of the head at the inferior strait from rigidity of the perinæum, I frequently apply warm fomentations, with, I conceive, good results.

I have always ligated the cord, but do not always apply the bandage, omitting it when I think it will be of no advantage; again, employing it, when I feel the patient will be more comfortable for its use, which is not unfrequently the case.

A few of these cases are deserving of special notice. Case 89 was one of needless sacrifice of the mother from the culpable neglect of the physician first in charge. After the woman had been some twenty-four hours in labor, he abandoned the case, advising the family to send for another physician. Another was called, and I was sent for in consultation. The woman was found in a condition of great prostration. All pains had ceased some hours previously. On examination I found the os fully dilated, and by a partial introduction of the hand, found a head presenting of such enormous proportions as to lead at once to the diagnosis of hydrocephalus. The head was immediately opened by a perforator, the escape of fully a quart of water being followed by such a collapse of the head as to permit of its ready extraction. In an attempt to deliver the placenta the uterus was found ruptured, and the placenta had escaped into the peritoneal cavity, while portions of the small bowels coming down into the uterine cavity and vagina protruded from the vulva. The mother breathed her last in a few minutes after delivery. An early diagnosis in this case, with a timely resort to the necessary treatment, would no doubt have saved this woman's life.

Case 146 is one of importance, from illustrating how easily one of the most serious accidents of parturition, inversion of the uterus, may be induced. This was a case of second labor, in which, from an insufficiency of the expulsive force, the forceps were used under the influence of Ether.

Before the mother had fully recovered, an attempt was made to remove the placenta. Traction was made upon the cord, while the nurse was directed to produce friction and pressure over the uterus. The traction employed was not greater than that usually resorted to. The nurse soon remarked: "Now, doctor, it's 'going;'" when also the mother appeared to bear down powerfully, but as the afterbirth escaped from the vulva, there followed immediately a large, oval, hard body, to which the placenta adhered, and which was immediately recognized as an inverted uterus. Peeling off the adherent placenta, I immediately grasped the fundus of the organ in the hollow of the hand, and producing gradual upward pressure I soon had the satisfaction of feeling the uterus return to its normal position and contracting down on my hand, which was now in its interior. The withdrawal of the hand, being accompanied by contraction of the uterine walls, was followed by little or no hæmorrhage, and the patient made an unusually good recovery.

From the experience of this case, I have since been in no haste in removing the placenta in cases where anæsthetics have been used, believing that the uterus is less prompt in its contractions in such cases, and have particularly avoided any downward pressure upon the uterus, thus forming the indentation of the fundus, the first step towards inversion.

This effort for determining the proportion of births during the night and day is the first I have seen, and shows that about two-thirds of all children are born between 6 P.M. and 6 A.M. These figures, however, cannot be relied upon for showing the actual amount of night-work which the physician is called upon to perform, as many cases born during the day he may have been called to during the night.

In the fatal case of placenta prævia a frightful hæmorrhage had taken place before I was called to the patient. I found her almost pulseless and still bleeding. Stimulants were freely employed, with the most indicated remedy,—*Ipecac.* An examination showed the os partially dilated, but very soft and dilatable. A perforation was immediately made through the placenta, the hand introduced, the feet grasped, the child turned and promptly extracted. In fifteen minutes the mother sank and died.

1874.

LACERATION OF THE PERINÆUM.

BY J. H. MARSDEN, A.M., M.D., YORK SULPHUR SPRINGS.

So frequent are the accidents of labor that the Church of England as well as her daughter in this country has with great propriety appointed a prayer to be used thrice weekly for "all women in the perils of childbirth." Among these perils, laceration of the perinæum, although not one of the most dangerous, is certainly one most assiduously to be guarded against by the practitioner, on account of the distressing consequences which it sometimes entails.

In order to be qualified as well as possible to prevent this accident when it is practicable, we should in the first place inquire into the causes which usually lead to so unfortunate a result.

Authors have enumerated the following as the principal causes of perineal rupture: 1. Neglect to support the part while the head is passing. 2. Injudicious or improperly directed support, which is regarded by most as worse than no support at all. 3. Rigidity of the perinæum, on account of which it fails to yield under the pressure of the head. This is most likely to occur in primiparæ, and especially those somewhat advanced in life when they give birth to their first child. 4. Extreme uterine action propelling the head violently against the perinæum, without giving it sufficient time to yield. 5. Large size of the head of the child, requiring extreme distension before it can pass the outlet. 6. Fatty degeneration of the muscular structures composing the organ in question. 7. The sudden extension of the limbs of the patient from their usual flexed position just as the head is held within and ready to pass the vulva. 8. Misdirection of the head from defective formation of the parts, whereby, instead of being propelled forward toward the outlet, it takes a direction backwards towards the coccyx, thus spending its force upon the posterior part of the perinæum.

In reviewing these alleged causes of the accident under consideration, we are compelled to say in regard to the first, that we doubt extremely whether support of the perinæum be necessary, except possibly in very rare and they perhaps unrecognizable cases, and whether in nearly all it does not tend to bring about the very accident it was intended to prevent. When we contemplate the wonderful provision the Creator has made for carrying the process of parturition through its earlier stages, we can hardly suppose he has left it so defectively provided for at its close as so much to need our bungling aid that it cannot be safely completed without us. But throwing aside the argument from analogy, if we for a moment reflect upon the manner in which lacerations usually take place we will, I think, equally arrive at the conclusion that support can do nothing to prevent them—nay, may even favor them by preventing the normal yielding of the tissues. Lacerations usually commence at the posterior commissure, and are caused by the wedging force of the head, which tends to separate laterally the labia. When the rupture begins at the commissure, it runs backwards under the influence of this lateral force, following the raphe or a line near and parallel to it. But this force is not acting in a direction opposed to that of pressure or support, and therefore capable of being controlled or modified by it, but in a line across or at right angles to that of the support, and therefore entirely beyond its power to hold in check. I can conceive of no form of laceration, except, perhaps, the central, that would be prevented by perineal support as usually advised. I should perhaps say that we are directed by authors generally to lay the end of the fingers upon or near the point of the coccyx, and let the whole length of the palm lie in a forward direction upon the perinæum. This form of support may to some extent counteract central laceration; that is, where the head perforates the perinæum midway between the posterior commissure and the anus, but this form of the accident is extremely rare. Even this might be more effectually prevented by other means.

Where there is extreme distension of the perinæum, the outlet refusing to dilate with sufficient rapidity to let the head pass, while the child is propelled by a powerful "vis a tergo" from the energetic action of the womb, I am inclined to think something might be done to prevent laceration by applying both hands so as with gentle firmness to embrace the tumor formed by the head as covered by the structures of the mother, a little way back from the circle formed by the distended labia. The hands thus applied would act as a hoop or band to support the endangered

structures. Dr. Goodell advises us, where we apprehend laceration, to insert a finger of the left hand into the anus, to draw the tissues forward, while several fingers of the right hand are firmly applied in front of the head to retard its advance.

It must, however, be admitted that authorities are as yet divided upon the necessity or utility of perineal support during the last throes of labor. The older writers generally strongly advocate its use, and even among the most recent ones there are those who still insist upon its importance. Dr. Thomas More Madden, of Dublin, in a paper (on Lacerations of the Perinæum, Sphincter Ani, etc.) contained in the May number of the *American Journal of Obstetrics*, 1872, has tabulated a series of cases which had come under his observation, a large proportion of which he attributes to neglect of the perinæum, and of course maintains the importance of its support. On the other hand Leishman in his work on the Mechanism of Parturition denounces it. The latter claims that the accident has not happened in his hands more frequently than in the hands of others of greater experience and ability than himself, who uniformly resort to perineal support. Dr. Graily Hewitt, a high authority, contends that not only is the practice quite unnecessary, but very often it is absolutely mischievous. Dr. Meadows, a quite late writer, in his *Manual of Midwifery*, says: "My own opinion is, that when the head has had fair time gradually to stretch the perinæum and surrounding structures, there is no need whatever for this, to say the least, most unpleasant proceeding." He admits, however, that in the opposite state of things support may be of use.

But while we would reject the neglect of support as a frequent cause of lacerations, and propose a very simple preventive for those arising from that which is termed *injudicious*, namely to omit support altogether, *rigidity* of the perinæum as a fruitful source of the accident deserves more serious attention.

It was the custom of the older allopathic physicians in such cases to resort to bloodletting, Tartar emetic, and the like. These remedies are objectionable, if for no other reason, because they reduce the strength of the patient and thus disqualify her for her important functions, to say nothing of the extreme discomfort which they produce. In other words, although these measures may to some extent relax the perinæum and diminish its resistance, they at the same time lessen the uterine power in a perhaps still greater ratio, and although the danger of laceration may be reduced, the length and discomfort of the labor are likely to be greatly increased. The use of Lobelia, which has been more recently recommended, if pushed to the point of nausea, comes under the same category and is open to the same objections If it be found to produce relaxation short of its nauseating and debilitating effects, as I believe some assert that it does, it may prove a very useful remedy in this state of things. I have used the tincture of Gelseminum as I thought with favorable results, but my experience with it has not been sufficiently extended to enable me to speak positively in its favor. Warm sitz-baths are likely to do good, and as I cannot conceive of any bad results likely to follow their use, unless in cases where they might encourage hæmorrhage, they may be resorted to when more powerful means are not available.

Where, however, the uterine action is very moderate or even defective, no harm, so long as this state of things exists, can result from rigidity of the perinæum. Under the moderate action of the womb it is likely sooner or later to yield. When the head comes to rest upon this structure, and the rather feeble action of the uterus seems unable to overcome its resistance, I have thought an advantage has been gained by inserting the

fingers, in the absence of a pain, between the head and the perinæum, and gently distending the latter at least to the point it had reached under the last uterine effort, and holding it there till the recurrence of the next pain. The fingers are then withdrawn, to be reapplied when the pain goes off; the operation to be repeated till the wearied muscular fibres, as it were, consent to relax.

But it is when rigidity of the perinæum coexists with violent uterine action that we are to expect danger of laceration of the perinæum and surrounding structures. Here fortunately we have one of the most efficient and reliable of remedies for the correction of both these evils. Singly, so far as danger to the perinæum is concerned, they are not much to be dreaded; combined they should always excite our apprehensions. The remedy to which I refer is Chloroform. This, if judiciously and understandingly administered, not only moderates *excessive* uterine action, but softens and relaxes all the maternal structures which are concerned in parturition, the perinæum included. One of the great advantages of Chloroform is that it holds in check reflex action just at the moment when the parts are most in danger of laceration. In sensitive women, who has not noticed that when the head is just ready to emerge, the sensation caused by its pressure calls forth such violent involuntary effort that it must pass, though all opposing structures should be driven before it? Chloroform saves all this. Under its influence we have observed the head to be retained for some moments even within the embrace of the distended labia, the patient being wholly insensible of its presence there. In order, however, to secure such results, it is necessary that the effects of the Chloroform be deepened towards the close of labor to almost complete anæsthesia. This may be done, we think, in all suitable cases with almost entire immunity from danger.

Whether there be any homœopathic remedy capable of mitigating the excessive pains of labor, I am not, from any experience of my own, able to decide. I know it is claimed that there are such, but whether they succeed in the hour of trial is quite another matter. If the severity of the pains arise from a diseased condition, then it is probable such remedies may be found. If, for instance, as M. Beau professes to believe, the pains of labor are for the most part a lumbo-abdominal neuralgia, I would expect some relief from the Arsenite of copper. Yet we must not confound the pain with the action of the uterus. They usually coexist, but are not the same thing—they are separable. It is possible for the most energetic action to go on while there is comparatively little pain; the remedy therefore which may control the pain does not necessarily diminish the violent contractions of the womb.

The preventive measures we have already detailed apply also to those cases where there is danger of laceration from other causes, which we enumerated at the outsetting, but have not considered *seriatim* in the course of this paper. If the head from malformation be directed backwards upon the perinæum, assistance may be afforded by proper manipulation tending to carry it forward towards the outlet.

Again, to prevent accident from sudden extension of the limbs when the head is about to emerge, an assistant should take hold of and firmly support and steady the knees; and, in the absence of such, a large roll of something light and soft should be placed between them.

But supposing after all our precautions, or before our arrival at the bedside of the patient, laceration may have taken place, what is then to be done? This is certainly a most important question, and before answering it we must take into account the extent of the injury.

Professor Tarnier, the annotator of Cazeaux, divides these lacerations

into three grades,—incomplete, central, and complete. "They are incomplete when, beginning from the vulva, they do not involve the sphincter of the anus; central when the rupture occurs between the vulva and anus, without involving either of these openings; complete, when the vulva, perinæum, and sphincter ani are torn, together with the recto-vaginal partition to a greater or less height." Professor Tarnier maintains that in both the incomplete and central varieties of the accident, it is best to abstain from all operations, as not only unnecessary but possibly injurious. Dr. Madden, of the Dublin Lying-in Hospital, advises quilled sutures of silver wire or carbolized catgut, to be introduced *immediately* after the accident has occurred, and to be removed in forty-eight hours. This is his practice in all forms of serious rupture. He insists much upon the early removal of the sutures, and believes that adhesion has generally taken place in that short time. According to Professor Tarnier, even complete lacerations will often heal without operation, but in such cases there can be no doubt but Dr. Madden's course is the most prudent. Where the sphincter ani is not involved, and we decide to omit the sutures, the knees should be kept in close proximity, either by the will of the patient or secured by a bandage. A small compress saturated with a solution of Tincture of calendula, or Carbolic acid when the discharges smell badly, should be firmly applied to the wound and retained by means of a T bandage, care being taken that the compress should not be so large as to wedge the parts asunder. The strictest regard to cleanliness should be observed. The patient should not be allowed to walk about till the healing process is completed or nearly so.

There is reason to believe that this accident often occurs to considerable extent when it is either not detected by the attendant, or if known to exist the patient is not informed. These cases, if such there be, recover spontaneously, more or less perfectly.

When attending a case of labor, if the uterine action has been very intense, the perinæum rigid, the head somewhat suddenly extruded, and shortly after the child is born the patient manifests symptoms of severe shock, such as an extremely quick and feeble pulse, dyspnœa, a sensation of sinking, etc., there is reason to apprehend that an accident of this kind may have happened, even though it may not before have been detected. Careful examination should at once be instituted, and if rupture has taken place, such measures should be promptly adopted as the nature and extent of the injury may seem to demand.

In the first place we should resort to means to relieve the patient from the shock of injury. If there be hæmorrhage from wound or womb, we should use means to arrest it as speedily as possible. For uterine postpartum hæmorrhage, the remedies to be given need not be mentioned here. For that occurring from the laceration, the best remedy will be to bring the edges of the wound together and secure them in contact by a compress retained by a suitable bandage. The compress should not cover the outlet, otherwise the usual discharge from the womb will be prevented and accumulation take place. For the extreme prostration, Camphor may be given by olfaction, or if it be very alarming, stimulants, as wine or brandy, may be administered, being careful to avoid excessive reaction.

1875.

ANÆSTHETICS IN MIDWIFERY.

BY C. P. SEIP, M.D., PITTSBURG.

THE subject of anæsthetics has again within the past few years occupied the minds of medical men, and especially their use in obstetrical practice; and the chief question seems to be the dangers involved in their use.

It is now nearly twenty-eight years since anæsthetic agents were first employed in labor; sulphuric ether being the first agent used. Chloroform was substituted about ten months later, and since that time has been almost exclusively used when an anæsthetic was desired. My experience having been much more extensive with Chloroform than with Ether, my remarks will apply more especially to the former.

Notwithstanding some opposition on moral, and a great deal on scientific grounds, the use of Chloroform has gained many advocates, and among them a majority of the most eminent obstetricians and teachers of obstetric medicine both in this country and Europe.

We will not stop to discuss the objections to the use of anæsthetics in labor, urged upon moral grounds, but will confine ourselves to the objections which partake of a more scientific character and which require to be fully answered. Many of the objections made were mere assertions,—*a priori* conclusions,—and were urged when Chloroform was first introduced into obstetrical practice, but have since been proven by clinical experience to be erroneous.

Among the injurious effects attributed to the Chloroform is the frequency of puerperal fever and mania. Although these objections are not so strenuously urged as in former years, yet there are some of the profession who still maintain that such is the case, and hence will not use, or advise to be used, any anæsthetic during parturition. Clinical observations do not tend to confirm this questionable objection. Puerperal fever and puerperal mania do not prevail to a greater extent now than before the introduction of anæsthetics in labor.

In 300 cases of labor in which I employed Chloroform there was not one case of mania or fever, while in the practice of Dr. Hofmann, dating from 1849 to 1860, in 1500 cases of labor, delivered without any anæsthetic, there were three cases of puerperal mania and one of post-partum convulsions. He began using Chloroform in 1860, and from that time up to July, 1875, he has used it in about 1800 cases, with but one case of mania, and one of convulsions. Here we have the record of 3300 cases of labor in which there were four cases of puerperal mania, three of which occurred in the 1500 cases delivered without Chloroform, and only one in the 1800 cases delivered under its influence.

The supposed frequency of post-partum hæmorrhage following the use of anæsthetics is an important question.

Dr. Tyler Smith believes hæmorrhage and retained placenta occur more frequently after the use of anæsthetics than without them; while Professor Playfair, of the King's College Hospital, says: "I have no doubt that a very *continuous* use of Chloroform during labor has a marked effect in predisposing to post-partum hæmorrhage, inasmuch as the tendency to undue relaxation of the uterine fibres continues for a time after

the birth of the child." Statements like these from men occupying the responsible positions of teachers of obstetric medicine are not without influence; but to those who have investigated the action of Chloroform, these statements seem remarkable, from the fact, physiologically considered, that they accuse Chloroform of an action for which it is not responsible.

Let us briefly review the nerves of the uterus and its physiological action during parturition. The fundus and body of the womb are supplied with nerves coming from the renal and hypogastric plexuses (sympathetic), together with a few nerve-filaments from the sacral plexus (spinal). The supply of nervous fibres to the intravaginal portion of the cervix is still a mooted point, but the weight of evidence seems to be in favor of a nervous supply. The uterus is not dependent upon the cerebro-spinal nerves for its contractile power.*

It is known that the first anæsthetic effect of Chloroform is a paralysis of sensation, and next of motion, the sympathetic system being the last affected. Now, according to Carpenter's theory, the contraction of the uterus is not entirely dependent upon the cerebro-spinal system for its force, and as Chloroform does not paralyze the organic nervous system, unless anæsthesia is carried to excess, this "undue relaxation" cannot be attributed to it.

Drs. Kidd and Simpson recommended Chloroform in labor, because it husbands the woman's strength and prevents exhaustion and shock, just the condition which Dr. Smith and others seem to think it produces.

When Ether was first employed in surgical practice, it was credited with causing a greater liability to primary and secondary hæmorrhage; but clinical experience has proven that such an opinion was untenable. In the 300 cases under my own observation, and the 1500 of Dr. Hofmann's, not one case of delivery was followed by hæmorrhage. This exemption from hæmorrhage may not be entirely due to the use of Chloroform, but there is little doubt in my mind that it exerted some influence in this direction. The conclusion arrived at is, that Chloroform is not a cause of hæmorrhage; and this is not based upon the statement of one individual, but upon the accumulated observations of many who have had large experience in its use.

The same diversity of opinion seems to prevail in regard to anæsthetics in operative midwifery. Some practitioners oppose their use, especially in forceps and turning cases; while others believe that this is just the time to give them. The effects of this difference of opinion upon the minds of young practitioners are, to say the least, very embarrassing.

Dr. H. N. Guernsey objects to the use of anæsthetics during the application of the forceps, since the patient cannot give notice of the sense of pain, and thereby warn the operator that the forceps are not properly applied. Professor Meigs held the same views, and Cazeaux, who seems to be on the fence, says: "Not only does Chloroform abolish the great pain produced by various obstetrical operations, and relieve the patient from the dread which they inspire, but by rendering her motionless greatly facilitates the manœuvre." And in the next paragraph he says: "The introduction of the blades of the forceps, or of the cephalotribe is generally attended without pain, and I would recommend that the patient be not etherized until the first stage of the operation is over. The extraction of the child may then be accomplished without pain." He further says: "Another incontestable advantage of Chloroform is that of facilitating certain obstetrical operations. The uncontrollable and disordered move-

* Carpenter's Physiology, p. 773.

ments of the agonized female hinder the operator greatly; but the sleep which she enjoys during the inhalations, and the complete insensibility of all the organs, enables her to bear quietly the most painful operations."

Drs. Simpson, Murphy, and many others in England, France, and Germany, and Professors Barker, Taylor, and others in this country, may be cited as authorities advocating its use, not only in instrumental but in natural labor.

Is it not evident to unbiassed minds that there is more danger of injury to mother and child in the application of the forceps when she is restless and uncontrollable and almost frantic with pain? Consider for a moment a woman about to be delivered with the aid of instruments; her mental excitement, which must be increased by the knowledge of increased physical agony; her piteous cries for something to relieve her from the terrible pains, and when, as is usually the case, she has already been suffering for hours, and her physical and mental condition are in a state hardly able to bear any increase of suffering, are we justified in witnessing all of this indescribable suffering, when we have a safe, reliable, and speedy means of relieving her? The time has gone by for us to believe that labor-pains are "physiological pains, and should not be annulled," or "that the mother does not encounter danger to health or life from the endurance of pain."

In regard to Dr. Guernsey's objections I would remark that obstetrical science would be in a deplorable state if we had to rely upon the sensations of our patients during instrumental delivery. The patients have generally undergone a protracted ordeal of pain, and their minds are not in a condition to guide us by their sensations. If those venturing to use the forceps in labor are fully acquainted with the anatomy of the parts involved, their introduction is easily accomplished, and, with ordinary skill and care, there is little, if any, danger of including the maternal parts.

In version I have had very little experience, but, from the statements of others, I am led to believe that the beneficial effects of Chloroform are as fully appreciated here, both by the patient and the accoucheur, as in other obstetrical operations.

I have had occasion to give Chloroform twice for the removal of adherent placenta, in which there was considerable flooding. In both instances the child was born before my arrival. In each case the attempt to introduce my hand caused severe pain. A small quantity of Chloroform soon allayed the pain, and the operation was accomplished without the least resistance from the patients.

Laceration of the perinæum is one of those misfortunes liable to be met with apparently under the most favorable circumstances. In view of the relaxing effects of Chloroform we would be led to believe that the frequency of lacerations of the perinæum would be greatly diminished, notwithstanding the contrary statements of other writers.

Our esteemed colleague, Dr. J. H. Marsden, at the annual meeting of this Society, held in 1871, gave his indorsement to the power of Chloroform to prevent this complication of parturition.

In my own experience, as far as I could ascertain, it occurred but once, and in this instance I believe it was to be attributed to my neglect in not keeping the patient sufficiently under the influence of the anæsthetic at a time when it was most required. I had brought the head of the child down from the superior strait, and was just at the point of removing the forceps, when a violent pain coming on, the patient suddenly turned herself to one side just at the moment when the head was expelled. The lacera-

tion was slight and united without an operation. A similar incident occurred in the practice of Dr. Hofmann.

Professor Barker published a report of a case of instrumental delivery under the influence of Chloroform in which the perinæum was lacerated. In this case the head of the child was unusually large, the occipito-mental diameter measuring six and five-eighths inches.

None of the authors of the statements, that laceration is attributable to Chloroform, have offered any explanation or given any detail of their cases. We know that pathological changes, the result of pre-existing disease, or an excess of adipose tissue, will sometimes so change the normal relations of the vaginal orifice as hardly to admit of the escape of the child without more or less laceration of the perinæum. Under these circumstances Chloroform will exert very little, if any, influence; but where the rigidity is of a spasmodic character, it is invariably overcome by Chloroform.

One of the most perplexing and frequent causes of tedious labor is rigidity of the os uteri, and this may be speedily overcome by the action of Chloroform, provided the rigidity is of a spasmodic character. Many writers, however, deny that Chloroform has any such salutary effect as above stated. This diversity of opinion, I believe, can be accounted for, when we consider that the rigidity may be due to different causes; in one case it may be of a spasmodic character, perhaps owing to reflex irritation; in the other it may be due to induration of the os, in consequence of previous inflammation. Spasmodic rigidity is usually observed in women of a highly developed nervous organization, in whom the first stage of labor is frequently very tedious. In these cases the pains are frequent and short, very painful, and ineffective, causing intense agony for hours, until the patients are almost exhausted, without producing any apparent effect in dilating the os. On examination the os will be found very thin and tense, with a well-defined, sharp edge, and not in the least dilatable. In this type of cases I have seen the most speedy and gratifying results follow the administration of Chloroform. In rigidity of the os, due to pathological changes, I believe anæsthetics exert no special influence.

The effect of Chloroform on the duration of labor is an important question, and has been the subject of no little discussion. While some believe that it will diminish the force of the contractions, and may even suspend them altogether, others claim that it possesses no such power. To assume that the loss of sensation and power of the voluntary muscles would produce a corresponding loss of force of the uterine contractions, would be at variance with known physiological laws. Instances are not wanting in which women have been delivered in a comatose condition, in the intervals of convulsions, in a drunken stupor, or while suffering from paraplegia; all having been delivered without manual interference. These facts show that the state of unconsciousness does not diminish to an appreciable extent the expulsive forces of the uterus.

I have several times observed that the inhalations of Chloroform modified the contractions, and twice entirely suspended them, but they soon returned after withholding the Chloroform for a short time. In the second stage of labor this is more frequently the case; but then the fact that it occurs when no anæsthesia is employed, shows that this suspension of labor cannot always be attributed to it.

Even admitting that in all of these cases Chloroform did prolong the labor, we are still justified in giving it, for the sake of other advantages obtained by its use.

There are cases in which the uterine action is inefficient, from the ex-

hausted condition of the patient, or when labor has been suspended from some emotional cause, where Chloroform will almost invariably restore the contractions, and in my experience several times obviated the use of the forceps.

The effects of Chloroform on the contractions of the abdominal muscles has been variously estimated, but the majority of authors are of the opinion that their power is very little, if any, diminished.

The expulsive efforts in the first stages are entirely voluntary, and should never be encouraged until the os is fully dilated, as previous to this time they are unavailing, and only tend to exhaust the patient. It is only in the second stage that the assistance of the accessory muscles is called upon, and when the presenting part of the child presses upon the vaginal wall, producing a reflex action, which causes the abdominal and pelvic muscles to contract, and when this reflex action is once fully established their contraction is almost as involuntary as those of the uterus. The reflex action continues, under the influence of Chloroform, so long as complete anæsthesia is not induced. In very few cases is it necessary to carry it so far, and in those cases requiring it, it may necessitate the use of the forceps; but this objection is counterbalanced by other advantages gained.

One of the most important points connected with this subject is the danger in its use. No alarming effects from its use in obstetrical practice have as yet been reported, and not one well-authenticated case of death. The statistics of the London hospitals give the results of 40,000 cases of delivery, and among the whole number there is not one death from Chloroform.

Dr. M. Sims,* in offering a reason for such exemption, since deaths under the use of Chloroform are frequent in surgical practice, says: "I believe it can only be explained on the theory that death from Chloroform is, as a rule, due to syncope or cerebral anæmia. Now, we know that in active labor there can be no cerebral anæmia, for every pain throws the blood violently to the head, producing fulness and congestion of the bloodvessels, and thereby counteracts the tendency of Chloroform to produce a contrary condition. The recumbent posture can have no influence, since it gives no immunity under other circumstances. Nor is the giving of the Chloroform from time to time a sufficient reason, since women in labor are often under its influence for hours, and occasionally as deep a narcosis is produced as in some obstetrical operations; and yet no woman has died in labor from the effects of Chloroform."

It would seem from these observations that there is no danger in its use in labor so long as proper care is observed.

It is not contraindicated in organic heart or lung troubles, with the exception of fatty degeneration of the heart. Drs. Storer and Yaudell give it in all cases of heart affections, and Dr. Hofmann recently gave it in a case of labor in which the patient had organic heart affection, and he feared she would not be able to withstand the exhaustion and shock without it.

In regard to its effects on the infant, no deleterious results have been observed.

Asphyxia of children does not occur more frequently where Chloroform has been used than where it has not. Dr. Zweifel, of Strausberg, has perceived a decided odor of Chloroform in the heart of an infant born several hours previous; and in a placenta expelled by a woman under the influence of Chloroform, and kept in a close vessel until next day, the odor of Chloroform was perceived upon opening the vessel. It is not

* Med. and Surg. Reporter, Philadelphia, 1874.

stated whether the child was asphyxiated or not; and if asphyxiated, was it attributable to the Chloroform?

Such observations prove nothing, since many children are born in a state of asphyxia where Chloroform has not been used. A case which came under my own observation may be interesting in relation to this point. The mother had been twice delivered of stillborn children. In her third pregnancy she was advised by her previous medical attendant to submit to a premature delivery. This she dreaded, and put it off from day to day till natural labor set in. She was in labor twelve hours before I was called. Learning the result of her previous labors, I naturally anticipated a stillborn child in this instance. As the woman was very much exhausted, and the pains very violent, Chloroform was at once administered. The os was fully dilated, and for three hours the pains continued without any advancement of labor. Dr. Hofmann arrived at this time, and it was decided to apply the forceps, preparatory to which a deeper state of anæsthesia was induced. The great force necessary to extract the child caused some pain, and more Chloroform was given. After one hour and fifteen minutes' hard work the child was delivered alive. The mother made a rapid recovery.

Mode of Administration.—Much of the success in the use of Chloroform in obstetrical practice depends on its administration. Preparatory to its use I request the friends of the patient to refrain from all conversation and noise, quiet being essential to prevent the excitement and loquacity which sometimes occurs as one of the first effects of Chloroform. I have usually followed the mode advised by Dr. Simpson, which consists of a handkerchief simply folded or made into a cone, into which is poured about a drachm of Chloroform, and then held over, and rather above than below the nostrils, since the vapor, being heavier than the air, descends, and much would otherwise be lost. The Chloroform should never be held in contact with the face, but gradually lowered as the patient becomes accustomed to its presence. If the Chloroform has been carefully poured into the cone without wetting the edges, it may be left on the face, but in such a manner as not to exclude sufficient air. One drachm will usually bring the patient quickly under its influence, and this is more to be preferred than to commence with a less quantity, as excitement and restlessness are thereby generally avoided. Should this quantity induce a deeper state of anæsthesia than is desirable, the Chloroform may be withdrawn for a few moments, and then again repeated, as the circumstances seem to require. As some patients are more susceptible to its influence than others, no positive rule as to the quantity necessary to produce the desired degree of anæsthesia can be given. If the object be simply to allay pain and excitement, the quantity first advised may be given, and the inhalations repeated from time to time. With a little experience the inhalations and the degree of anæsthesia desired can readily be regulated so as to induce tranquil sleep, without previous unconsciousness, in the most violent pains. The time in which to begin the administration of Chloroform depends upon the condition of the patient and the stage of labor. About the close of the first stage, when the os is fully dilated, and the pains are severe, is the best time. But if the first stage is tedious and very painful, the os uteri but little dilated, it may be given at once. In cases requiring operative measures, a deep state of anæsthesia should always be induced, for reasons already given. If the contractions should entirely cease during the inhalations, which is a rare occurrence, the Chloroform may be withheld for a short time. More rarely a small quantity of Chloroform will seemingly suspend the contractions, but upon inducing a deeper state of anæsthesia they return

vigorously. This peculiar phenomenon following the exhibition of Chloroform has not been explained, and is worthy of the attention of the obstetrician. The quantity of Chloroform used on any one occasion, therefore, varies according to the susceptibility of the patient, the duration of labor, and the degree of anæsthesia required. In an ordinary case of labor less than one ounce may be sufficient, but I have used two ounces an hour for several hours in succession. The length of time that the anæsthetic state may be kept up without danger has not been determined. Women under the influence of Chloroform from twelve to twenty-four hours have shown no injurious results. I am acquainted with the facts of a case in which the patient was more or less under the influence of Chloroform for four weeks; the quantity consumed was thirteen pounds. I believe that the aberration of the mind, in this case, which existed for several weeks after the last inhalations, was solely due to its excessive use.

In conclusion, I will state that I prefer Chloroform in place of Ether as an anæsthetic agent in labor for the following reasons: It is equally as safe; it is less disagreeable to inhale, and less irritating to the respiratory organs; it is quicker in its action; the degree of anæsthesia is more easily regulated; it can be used at the recurrence of each pain, and the sensibility to each pain annulled before it reaches its intensity, thereby avoiding the necessity of constant inhalation, as in Ether; as the majority of obstetrical cases occur at night, the use of Ether in artificial light is dangerous on account of its explosive character.

1875.

MECHANICAL DISORDERS OF THE CERVIX UTERI.

BY J. C. MORGAN, M.D., OF PHILADELPHIA.

First, I will name *contraction*. This will usually be found at the internal os; it is sometimes found the cause of dysmenorrhœa, and even after this has been relieved, continues the occasion of sterility. In the latter case, mechanical means are both proper and speedily effective.

A sea tangle tent is to be introduced through a speculum, completely through the internal os; then apply a wad of raw cotton, soaked with glycerin, which may be diluted if not tolerated of full strength; after this, dry cotton; then the menstrual napkin, to receive the inevitable serous discharge. Let the patient lie abed until next day; then, with the speculum, remove and reapply the dressing.

This is applied two days before the menses, the second dressing one day.

After treatment for two successive months, or sooner, using medicines as needed, the patient will probably be found pregnant. Care must be taken not to interfere if pregnancy occur after the first treatment. There would seem to be a connection between contracted os and the second of these disorders to be mentioned, viz., *conical cervix* or *elongated os.*

This I attribute to the universal practice of sustaining the clothing,

with or without corsets, but especially *with* them, on the epigastrium. The effect is a *uterine paraphimosis* (if the uterus be firm enough to maintain its normal form); in other words, it is protruded through its vaginal mucous envelope, in the same fashion with the glans penis within the prepuce in that affection. Hence contraction of the inner os as a coincident malady.

Think of the common surgical remedy for this,—amputation of the cervix! Why not amputate the glans? The one is as sensible as the other.

Resulting from the same fashionable dressing and its usual concomitants, is another common disorder in the mechanism of the cervix, viz., *anteflexion.*

No case of dysmenorrhœa is fully diagnosed without a certain knowledge of its presence or absence. The same may be said of its opposite, to be mentioned directly.

A uterus unable from congestive softening, inflammatory heaviness of the ovaries, one or both, the softening mainly posterior; these, with the superincumbent pressure of clothing and bowels, and, through the corset-bones, the weight of the upper half of the trunk in indolent rest thereon; these being present, the thing is done.

Shall we slit the os and the convex interior of the wall of the cervix? Nay! but mercilessly sacrifice the woman-killing paraphernalia; get up her muscularity by every means; cure inflammatory softening, and temporarily support with the glycerin wad, applied every second day.

Retroflexion is the same thing with a difference. Given the same conditions as before, only that the inflammatory softening is anterior instead of posterior, and we have this as the result. Without any *uterine* softening, versions, not flexions, take place; lateral version being the effect of one-sided ligamental softening; softening of both ligaments causing median version. Both are often combined.

The cure of retroflexion is the same as that of anteflexion, only the wad must go behind the os, for retroflexion versions require like adjustments.

The Boston Reform Suit, or its equivalent, is a great desideratum in the cure of all such complaints.

Lach., Stram., Nux vom., for left-sided pains; Sulph., Ferr., Apis, Æsculus, for the right.

Sacro-lumbar, Sepia, Æsculus; hypogastric, Cimicif., Nux vom., Bry., Sepia, Sulph., Acon., Verat. virid.

1876.

REFLEX SYMPTOMS OF UTERINE AFFECTIONS.

BY B. F. BETTS, M.D., OF PHILADELPHIA.

The reflex symptoms of uterine affections are such as arise from an irritation of the terminal filaments of the uterine nerves, which, instead of travelling directly to the sensorium, becomes reflected or transferred from nerve-centres or ganglia to some other locality, where it becomes manifest through reflex, motor, trophic, or sensory impressions. The

number and intensity of these symptoms depend upon the degree or amount of uterine irritation, and especially upon the *responsiveness* or *irritability* of the nerve-centres or ganglia from whence the reflex impulses are propagated.

We know that the pupil of the eye contracts in proportion to the volume or intensity of the light impinging upon the retina, and that by increasing the irritation of the retina, by increasing the volume of light, we may add to the reflex contraction of the pupil *other* reflex symptoms, such as spasmodic contraction of the orbicularis palpebræ, etc., and, if from any cause the irritability or responsiveness of the optic nerve-centre within the brain is augmented, a *small* amount of light, impinging upon the retina, will produce all the reflex symptoms that arose from a large volume in a healthy condition of the nerve-centre. In the same manner increased responsiveness or irritability of nerve-centres will often give rise to reflex symptoms of uterine affections disproportionate in number and intensity to the local irritation. It is on this account that menstruation, which is a purely physiological process, is sufficient in some cases to give rise to such slight reflex symptoms as disordered digestion and circulation, depression of spirits, irritability of temper, and those other symptoms embraced in the characteristic expression of "being unwell," whilst in other cases, where the nerve-centres are more responsive, the more numerous and painful symptoms of neuralgic dysmenorrhœa are produced from the same amount of irritation.

There are some altered, but physiological, conditions of the system, such as the conditions of pregnancy and parturition, which tend to increase the responsiveness of the nerve-centres, as is shown by the increased influence of the emotions, passions, etc., at these times, but these are instances of normally increased responsiveness.

An abnormal responsiveness of the nerve-centres may be caused by hereditary or enervating influences, and by many diseased conditions, especially affections of the reproductive organs. From whatever cause it is acquired, the tendency of the *physiological* changes in the uterus, to which we have just alluded, is, in the majority of cases, to aggravate this abnormal responsiveness.

During the period of childhood, when the uterus remains in an undeveloped state, almost as it was in infancy, there may be none of the *physiological* influences, such as we have mentioned, to aggravate the irritability of the nerve-centres; but luxurious living, too close mental application, with neglect of proper outdoor exercise, may so increase an hereditary tendency, that, when the uterus does undergo a somewhat rapid developmental process, intended to fit it for functional activity at puberty, and the breasts are to be developed, the limbs are to be rounded and filled out, and many other nutritive changes are to be effected in the general organism from the influence exerted by the nervous system, especially the great sympathetic nervous system, which by trophic impulses directs the functional activity of different parts, this hereditary or acquired responsiveness of the nerve-centres may be very much aggravated, and the above programme may not be carried out in all its detail.

At each successive monthly period the nerve-centres will become more and more responsive to impressions from without, and the number and intensity of the reflex impulses will become increased, until discordant functional activity results, and consequently diseased conditions will arise; or the abnormal responsiveness or irritability may be quickly followed by the opposite condition, that in which but few impulses are awakened, when the withdrawal of the nervous influence will result in disturbed functional activity, and consequently diseased conditions as

before; just as a moderate hyperæmia of the eye will render the retina exquisitely intolerant of light, and produce convulsive movements of the iris as well as of the associate motores oculorum, whilst an increase in this hyperæmia to an acute apoplectic congestion will render the retina irresponsive, and abolish the reflex phenomena altogether.

It is probable that chlorosis has its origin in disturbances within the nerve-centres, especially those which preside over the elaborative processes of the system by which nutritive materials are prepared for assimilation in the tissues. The efforts of nature to bring about those changes in the organism peculiar to the period of puberty, overtax a weakened nervous system, and the elaborative processes are imperfectly performed. All the symptoms of anæmia are produced from impoverishment of the blood, and indigestion, constipation, palpitation, and menstrual derangements are the result.

Dr. Hammond, in an article upon the subject of chlorosis, published in the *Psychological Journal*, records a case arising from sudden and extreme *fear*, which would go to prove the neural origin of this affection.

A case recently received into the department for the clinical treatment of diseases of women, in the Hahnemann Medical College of Philadelphia, illustrated in a striking manner the extent to which the deficient nutrition of tissue structure is sometimes caused in this disease; for, with all the other symptoms of chlorosis, there was also falling off of the hair of the head, eyelids, and eyebrows, and even shedding of some of the finger-nails

In some instances the disturbances within the nerve-centres may manifest themselves by *exalted* sensibility or hyperæsthesia in one part, and *diminished* sensibility or anæsthesia in another part. In hysteria, a disease to which women are more liable than men, and to which they are especially liable during the period of the greatest functional activity in the reproductive organs, there is, as was first shown by Chairow, a hyperæsthesia of the ovaries, especially the left, and an anæsthesia of the epiglottis.

Hammond, who mentions these facts, adds that he has several times succeeded in causing an hysterical attack by moderate pressure on the ovarian region; whilst in every case of well-developed hysteria the epiglottis may be rubbed or even scraped with the finger-nail without exciting cough or efforts to vomit, as the abolition of the reflex excitability of the larynx seems to be complete.

All of these manifestations of increased responsiveness of nerve-centres, as well as abolished responsiveness, may be produced by uterine diseases. They are not all produced at once, but by a constant increase in the exciting cause, or in the responsiveness of the nerve-centres, or by the spreading out (so to speak) of the impression from one ganglia to another.

We know that the impression from the presence of the ingesta in the intestinal tract is sufficient to stimulate the sensory nerves of the part, so that a reflex motor impulse will be propagated from the nearest sympathetic ganglion to the involuntary muscular fibres of that part of the intestines, and that peristalsis will result. When the ingesta is irritating and indigestible, the increased stimulus produces an increased reflex motor impulse, producing a more widespread and vigorous peristaltic action, and a more rapid passage of the ingesta through the tract; and as the mucous membrane is congested from the irritation, an exudation of serum takes place, and we have watery diarrhœa as a result. If the irritation is still more intense, it is no longer confined in its influence to a few ganglia near the seat of irritation, but extends until it reaches the spinal centres within the vertebral column, from whence a new set of

reflex motor impulses may be transmitted through motor nerves going to the voluntary muscles of the calves of the legs, thighs, feet, abdomen, and arms, and we have violent cramps produced.

Just in the same way, an atresia vaginæ or uterinæ may, by retaining the menstrual blood, eventually lead to an irritation which will cause vomiting, diarrhœa, abdominal cramps, and cramps in other parts of the body, by a gradual extension of the impression from one ganglion to another.

If we apply the foregoing conclusions to all the diseases and affections of the uterus, we will the more readily account for many of the reflex symptoms produced by them, such as the watery diarrhœa and pain, with perhaps vomiting, attendant upon some cases of menstruation, the constipation and meteorism from withdrawal of the motor power from the intestines, attendant upon many uterine affections, and the dyspeptic symptoms found in connection with numerous uterine diseases, but particularly apt to occur early in endometritis, even before the other symptoms are of sufficient gravity to warn the patient or physician of their uterine origin.

The "gone feeling" in the scrobiculus cordis, so frequently complained of in connection with many uterine affections, is probably due to nervous irritation, and not to any change in the position of the viscera, as it is a symptom produced by provings, especially of those remedies which act upon the sympathetic system. It was a prominent symptom in a recent case of poisoning by Secale cornutum published in one of our medical journals.

In the thorax it is less difficult to distinguish the reflex symptoms from those produced by direct irritation of the nerves than it is in the abdominal region. One of the most distressing of these reflex symptoms is what is known as uterine asthma, a variety of asthma not unfrequently met with in patients suffering from uterine tumors, especially fibroids. The paroxysms are more severe during the menstrual epochs than at any other time. A train of symptoms somewhat similar may be produced by displacements of the uterus.

A case of this kind coming on suddenly and giving rise to the most alarming symptoms, may serve to illustrate the effects produced by uterine irritation upon a morbidly sensitive nervous organization.

A married lady of about 30 years of age was under treatment for chronic endometritis with ulceration. At each menstrual period she usually had one or more epileptiform attacks, attended by loss of consciousness, followed by a total abolition of all controlling influence over muscular movements, so that she would lay perfectly motionless, with eyes closed, for a period varying from one to three and four hours. She was weak and dyspeptic during the intermenstrual period.

One warm afternoon last spring she was induced to take a steamboat ride on the river, and walked the distance of five or six squares to the landing, became overheated, and suddenly cooled off again on the water.

Whilst walking home she felt an unusual pressure on the rectum, pain in the back, limbs, and abdomen. Papitation of the heart supervened, and an agonizing pain, which seemed as if it would deprive her of breath, spread from the hypochondria into the thorax. The diaphragm seemed to be convulsed, and the respiratory movements were quick and irregular, and very painful. Several physicians were summoned, as it seemed as though suffocation was inevitable. Various remedies were used to relieve her as they seemed to be indicated. She was better next day, but had slight returns of the painful paroxysm, until a retroflexed uterus was replaced, when all of the painful symptoms disappeared. In due course

of time she was cured of the endometritis, since which time she has had none of the epileptiform paroxysms at the menstrual periods.

Intercostal neuralgia, or pain in the side, especially the left side, is often a reflex symptom of uterine derangement, and has as concomitant symptoms either amenorrhœa or menorrhagia, accompanied by leucorrhœa.

Irregularity in the action of the heart is a frequent symptom of uterine disease.

A dry spasmodic cough, which seems to be irrepressible, may be of uterine origin.

The influence of physiological changes in the uterus upon the mammæ is well known in connection with the symptoms of pregnancy ; but it is well to bear in mind that pathological changes in the uterus are also capable of producing marked changes in the appearance of these organs.

Milk is frequently secreted in the breasts ; they become larger, more sensitive, whilst the areola about the nipples becomes darker, from the presence of fibroid tumor in the uterus, in endometritis, and ovarian dropsy.

Cases of atrophy of the uterus have been reported in which there was an uninterrupted flow of milk from the breasts.

According to Simpson, swelling and darkening of the areola about the nipples often occurs one or two weeks before or after the membrane is expelled, in cases of membranous dysmenorrhœa.

The neuralgic affections referred to the face and head, due to uterine irritation, are innumerable, and the mental conditions produced from the same cause are varied and peculiar.

Dr. J. Braxton Hicks refers to a pain extending to the side of the clitoris as a reflex symptom of abrasions of the os, which disappears as the abrasion heals, but influences the mental and moral conditions of the patient, often very profoundly, as long as it lasts, being capable of producing nymphomania, or leading to masturbation in many instances.

Some authors claim that vaginismus plays an important part in the etiology of mental derangement in the female. We will probably never know how much of insanity to attribute to brain disease and how much to attribute to moral or mental influences and uterine derangements.

Dr. R. Schroetter, Physician to the Insane Asylum, Schweizerhof, taking as a basis for his observations two hundred and twelve female patients, one hundred and ten of whom were married and one hundred and two unmarried, found, as a result of careful observation, that in the great majority of cases a menstrual irregularity of some kind existed, which, however, did not ordinarily become prominent until the psychosis itself had developed, and frequently disappeared as the mental derangement subsided.

Melancholy and profound depression of spirits is an attendant upon hyperæsthesia of the vulva, irritable urethral caruncle, and most diseases of this character affecting the ostium vagina.

Despondency, malaise, and weakness are symptoms common to almost all uterine diseases.

Excessive nervousness is frequently produced by chronic ovaritis.

Sadness, tendency to weep, and a feeling of loneliness, with incapacity for mental efforts, are frequently complained of by patients suffering from corporeal endometritis.

But time will not permit of our dwelling more in detail upon the prominent reflex symptoms of uterine affections, as we wish to consider, in conclusion, the influence they should have in the treatment of these diseases.

From the fact that the uterus is not largely supplied with nerves from the cerebro-spinal system, it is not an acutely sensitive organ, and consequently pathological changes may take place within its structure without producing local pain; but as the uterus is intimately connected, by means of an abundance of filaments from the great sympathetic system, with the processes of organic life, the local affection of the uterus will soon make its impression upon all parts of the body until, as we have seen, the impression reaches, by a process of extension, even to the cerebrum, and alters the mental states and conditions, just as functional activity of other parts is altered and pain in different parts of the body is produced.

As the reflex symptoms are usually the last to make their appearance, and as they are the most painful symptoms of this class of diseases. they are the symptoms for which our patients mostly seek relief and for which we should first prescribe. Our ability to remove these symptoms by the appropriate remedy is at once the greatest boon our system of practice offers to this class of sufferers, and, at the same time, the greatest danger it stands exposed to at the hands of its practitioners; for if the cause of the trouble is not recognized, we will be very apt to come short of *curing* the case, the relief only being temporary and the symptoms sure to return, not because the remedy or remedies chosen are not capable of curing the disease *in toto*, but because they are not allowed time to work out the cure.

When a patient comes to us who is anæmic, nervous, and perhaps hysterical, complaining of loss of appetite, painful digestion, nausea, and probably vomiting of food, we may prescribe for these purely reflex symptoms of uterine disease in this case and succeed in removing them, and so ameliorate her condition that she no longer feels the necessity for medical advice, and as pain, *the penalty of transgressing the laws of health*, has been removed, she is not reminded of the necessity for the observance of these laws any longer, and she relapses into her former habits of life, and is careless of herself, and soon finds all the painful symptoms returning. But if, guided by a knowledge of the cause of these symptoms, we have made the effort to trace out the nature of the difficulty which gives rise to them, and we find the uterine cervix uneven, velvety, and granular, which, by means of the speculum, we find to be due to granular degeneration or ulceration of the os, we know positively that such a pathological condition cannot be changed into a healthy normal tissue-structure in the same time that we require to remove the reflex symptoms. We enjoin continued care, and, by allowing remedies their full influence, we will succeed in curing the case. Such cases require to be kept under observation and watched a longer time than many physicians are willing to devote to them, and good hygienic treatment is often as necessary as medicine. Whilst too frequent examinations of the female genital organs is a hideous crime, examinations made frequently enough for us to be able to assure our patients of the exact nature of the affection, and the progress of treatment and of the *cure*, is a duty we owe them, and we owe it to ourselves and our cause.

If we are content to cure only the reflex symptoms and do not recognize the cause, we will find in a certain percentage of cases that these symptoms will return again and again, because the uterine disease, which was the first to appear and the last to disappear, has not had time to be removed, and the patients will get discouraged and accuse homœopathy of only helping them without curing them.

An eminent gynecian of the allopathic school has said that after an ulcer on the cervix has been healed by local applications, it mostly requires twelve months of tonic and hygienic treatment, with frequent

assurances from the physician of the ultimate good results, before the patient will be relieved of her *painful* (reflex) symptoms. This seems like curing patients without relieving them; but *we* claim that the disease is not cured until the symptoms of disease have ceased to manifest themselves, and that without the hygienic and psychical treatment such patients would have a return of the ulceration.

The allopathic brother, however, has an opportunity to continue his hygienic, tonic, and psychical treatment for twelve months, because the patient is seeking relief all this time from her sufferings, whilst the homœopathic brother will seldom have a chance to pronounce her well before she is so perfectly assured that but little was the matter that she passes from under his care without assuming any responsibility herself, and perhaps soon finds her pains have returned.

But are we justified in prescribing for reflex symptoms at all? They are often spoken of as illusory, imaginary, and hysterical, and may be as frequently produced by other diseases as by uterine affections. Is it not more scientific to discard these symptoms and attack the point of irritation? To this we say emphatically, No! The ulceration, the retroflexion, or the hyperplasia are but single symptoms of the disease, and we have nothing to do with them but to surround them by the most favorable influences for their removal and watch them until they are removed. A pathological condition, if local at first, so soon affects the whole organism that we have no longer a local disease to treat; and the reflex pains are a part of the disease and are none the less distressing for being called imaginary, illusory, or hysterical, for every *pain* is distressing, no matter whether it is due to direct irritation of a sensory nerve or originates within a nerve-centre, and to leave it without a remedy, when we are in possession of remedies for it, is unscientific and unphilosophical.

We must look at all the symptoms of the case as we do at the hands of our watches, which indicate to us the movements of the complicated mechanism within, and without which none of us can tell whether all is not in harmonious working order.

1876.

ADHERENT PLACENTA.

BY C. P. SEIP, M.D., PITTSBURG, PA.

Of the three stages into which labor has been divided, the delivery of the placenta constitutes the third stage. The prevailing impression among the profession seems to be that the placenta, when left entirely to nature, is expelled with the fœtal surface first. But this is not the case. The detachment of the placenta commences, mostly, at the upper edge, and always presents at the uterine orifice folded up, according to the length of the uterus, and not transversely or *inverted*. It has become customary to interfere with this part of labor, so that the natural expulsion of the placenta is seldom observed. By making traction upon the cord, the fœtal surface is always brought forward, and the bulk thus presenting is always more difficult to remove than when left to nature.

Its expulsion from the uterus is generally effected in from fifteen to twenty-five minutes, but it may remain in the vagina for several hours. If the expulsion be left to nature, in many instances it may be retained for hours, but in consequence of the influence that this retention frequently exerts on the minds of patients, it has been deemed advisable by most practitioners to facilitate its discharge. This is usually done by making traction on the umbilical cord. This simple traction upon the cord will do well enough if the placenta is, in part at least, expelled from the uterus. Before traction is made, the position of the placenta should be ascertained. This can easily be done by introducing the finger into the vagina, and if the placenta is within reach, slight traction upon the cord may be all that is necessary. If, on the contrary, the placenta is not within reach, and the womb can be felt near the umbilicus, and is not very hard, the placenta is probably still in the uterus, and our next step is to ascertain whether or not it is detached. Should it be detached, its expulsion may be anticipated as soon as uterine contractions take place, but so long as it still remains attached no traction upon the cord should be made, as serious consequences may result.

I believe that many cases of retained placenta from retarded separation or hour-glass contraction may be prevented if Crede's method of placental delivery is followed. Since Crede made his method public, many accoucheurs declare that it has been their practice for many years before. As soon as the child is born, the cord cut, and the child removed, the fundus of the uterus is grasped between the thumb in the front and the fingers behind; it is then forcibly compressed, and at the same time lightly pressed downward and backward. Crede advises that no effort to compress the womb should be made until contractions take place. It generally requires but one or two efforts to accomplish the complete expulsion of the contents of the womb. Considerable objection has been urged against such procedure, but apparently based upon theoretical grounds, and generally by such practitioners as are opposed to improvements in obstetrical practice. My method in the management of the third stage of labor is the following: As soon as the head of the child is born, I place one hand over the fundus uteri, and as it is being expelled I follow up the contractions of the womb with firm pressure, and continue it for a few moments. In case of instrumental delivery, or if both my hands are otherwise required, I have the pressure made by an assistant. It will usually be found that by the time the cord is cut and the child removed, the placenta is expelled. In support of the method, I quote from Dr. Churchill's statistical record of his thirty-nine years' private obstetrical practice, the following: "I have found only three cases of post-partum hæmorrhage, with one death. There were ten additional cases in which extraction was necessary for different reasons, such as flooding, irregular contractions, and morbid adhesions. I may, perhaps, be allowed to remark that many of the cases in which the longer intervals elapsed occurred in the earlier years of my practice, before I had realized the safety and value of pressure so applied as to squeeze out the afterbirth from the uterus into the vagina. If firm grasping pressure be applied to the uterus immediately after the child is born, and continued for a few minutes steadily, it will be found to diminish in size suddenly, and the placenta will be found in the vagina, from which it is easily removed. The squeezing force should never be excessive, lest we inflict injury, nor is it necessary. *More than twenty years' experience has satisfied me not only of its efficiency, but of its safety.* (Italics mine.) I have never known hæmorrhage follow in cases thus treated. In some few cases it will fail, and then we must have patience until uterine action sets in, or

other circumstances show the necessity for further interference." But adopting either one of these two methods does not always succeed without making a little traction upon the cord, and this is more apt to be the case in fleshy women. The advantages of these methods over others are apparent. Since it is very seldom necessary to make traction on the cord, the dangers arising from this source are avoided; the expulsion of the placenta is more complete than when left to nature alone or by traction. By the quick and firm contractions hæmorrhage is prevented, and after-pains, if they occur at all, are reduced to a minimum, because no time is allowed for the formation of clots. The frequent introduction of the hand into the uterus is avoided, and the risk of communicating puerperal diseases, or the physician being infected with syphilis, is lessened. As to the causes of irregular contractions of the uterus, nothing definite is known, but in all such instances the placenta is retained; and I firmly believe that if Crede's or Churchill's methods were adopted, it would be almost impossible for these abnormal contractions to occur, except in cases of morbid adhesion of the placenta.

In case of adherent placenta, neither of the above-mentioned methods will materially aid us in its removal. According to most authors they are owing to a fibrous transformation of the cellular filaments which hold the placenta and uterus together, whereby they acquire a degree of solidity sufficient to withstand the uterine forces. (Cazeaux.)

The adhesion may be partial or complete. The degree of resistance which these adhesions sometimes offer is so firm that it is with great difficulty that they are broken up; at others the separation is easily effected. In some instances the placenta is so friable as to come away in small pieces. Unfortunately there are some women who have a predisposition to these morbid adhesions. One case came under my care, in her sixth confinement, and every labor was complicated with this abnormality. The adhesion was so firm that it was impossible to remove the placenta except in small fragments. It being the first case of the kind that I ever had, I sent for counsel. The doctor, a man of considerable experience, soon arrived, but did not seem to be in a hurry to do anything, being under the impression that the danger was all imaginary on my part. To his surprise he found affairs worse than he had ever encountered before. The placenta was entirely removed in small fragments, and the patient made a good recovery without any further complications.

Since then I have had two more similar cases, and both made good recoveries. Hæmorrhage always accompanies partial adhesion, and it is these cases that require prompt interference; but when the adhesion is complete, and without hæmorrhage, it is advisable to wait for several hours, that time being often sufficient to effect a separation. I cannot conceive of any condition where it would be advisable to wait longer than three or four hours, as it is well known that the longer after the birth of the child the more difficult it is to introduce the hand into the womb. This may be regarded as sufficient time for the uterus to recover its force, especially if the proper medicinal agents have been employed. By longer delay we may encounter difficulties that had previously not existed; the vulva, vagina, and uterus become tumefied and painful, and the case becomes more complicated.

Although much good may be accomplished by the judicious administration of homœopathic remedies, we should not rely too much upon them for success, to the entire exclusion of other efficient and safe means. The limit of justifiable delay has been by some writers extended to several days, if hæmorrhage does not in the meantime supervene. This is entirely too long, as putrefaction may take place, followed by septicæmia,

and its disastrous consequences; also from the extreme liability to hæmorrhage during this time, the patient and physician are kept in a constant state of anxiety. Would any practitioner, in the present advanced state of obstetric art, for a moment entertain the idea of allowing the placenta to remain in utero, or depend entirely upon internal medication for its removal? I hope not, at least not among enlightened practitioners.

The following, which recently came to my notice, will fully illustrate what may occur when the secundines are imperfectly removed: Mrs. X., in her fourth confinement, was attended by a midwife. The delivery of the child was promptly effected, but after a short delay, the afterbirth not being expelled, traction on the cord was made, until it separated near the placenta. The family physician was sent for, but he being unable to attend, another was called in, who, after manipulating for some time, expressed himself as having removed nearly the whole of the placenta, and the remainder could do no harm. A few hours after his departure the family physician arrived, who also removed some of the placenta, and continued his attendance until the fourth day. The fourth night after delivery severe chills, followed by fever and fainting, suddenly came on. A homœopathist was now called in, who at once, realizing the dangerous condition of the patient, asked for counsel, which arrived early in the morning. An examination of the uterus was immediately made. About one-third of the placenta was found still in the womb, and part of the membranes protruding from the vagina. These were at once removed. The uterus was found softened and pulpy, and the discharge of a very fetid character. Notwithstanding all the hygienic and therapeutic measures resorted to, the patient died on the eighth day after delivery.

1876.

A CASE OF CRANIOTOMY.

BY L. H. WILLARD, M.D., OF ALLEGHENY.

Mrs. Y., aged 35, mother of six children, and with all her children had comparatively easy labor.

Was called to attend her during her present confinement, in the absence of her physician, Dr. Cooper, on the evening of February 22d, 1876. On arriving at the house, found the membranes had ruptured, and the waters expelled at about 6 P.M., since which time she had a few ineffectual pains, which did not drive her to bed. The pains came on with regularity at about fifteen minutes' intervals from six o'clock in the evening, and at eleven o'clock, when I arrived, the pains were still regular but not severe. She was very nervous and anxious; pulse 100. Making an examination, I found the os near the promontory of the sacrum, and, with some effort, diagnosed a vertex presentation. The os was patulous, but when the pains came on they seemed to be wanting the expulsive effort. Gave Opium 6th every half hour, and waited until three o'clock in the morning, when I left for home.

On returning the next morning (February 23d) I found the patient in a better condition physically. She had slept some during the night, and

relished the beef tea; had lost that nervous and anxious manner; pulse normal; tongue clean. The pains came at intervals of a half hour, but with very little expulsive effort. On making an examination I found the os more dilated, and could now determine that the presentation was normal. Changed the remedy to Puls. 6th, as the pains seemed to be of an ineffectual kind, and gave the medicine after every pain, which came now at intervals of fifteen minutes to a half hour, but of the same character as already described.

In this condition the patient remained all day. At 12 M. the medicine was omitted. During the evening, on examining, the os was found fully dilated, but in the same place; the pains more severe, but still ineffectual. Towards midnight the severity of the pains abated, and the patient would fall asleep in the intervals, which were about half an hour in duration. No medicine was given during the night, as the patient seemed very comfortable.

On the morning of the 24th Dr. Cooper saw the patient with me. We found no advancement in the labor. The doctor, on making an examination, found the os in the position already described, and as the patient seemed in such good condition and the pains so ineffectual, advised Macrotin 3d to be given after every pain. This seemed to rouse up the pains again, and rather more of an expulsive effort was noticed, but on examining during the afternoon and finding no improvement the remedy was discontinued. At about 6 P M., thinking the symptoms called for Secale, it was given, and continued for several hours at intervals of half an hour, but with no good result During the evening Dr. Cooper again returned, and the condition of the patient was much the same as in the morning, no material advancement having been made. We now decided that as Secale 6th had failed, it was advisable to try the tincture or fluid extract, which was given in twenty-drop doses every half hour. This medicine produced nausea and increased the pains, but did not advance the labor, so it was decided that, as we had tried all medicines which seemed to be called for without any good result, a resort to instrumental means was imperative, as the patient began to show signs of exhaustion. The proposal was submitted to the patient, who gladly consented to any means which might give her relief. Accordingly the forceps (Comstock's) were applied, and careful and persistent traction made during every pain, and what seemed singular at the time, and made us very careful of how we pulled, the womb and all the structures seemed to come down when traction was made (a symptom the importance of which will be fully explained hereafter). In this manner we exerted all the force justifiable for about an hour, when the forceps slipped over the head. They were reapplied, but slipped again. Baudelocque's forceps were then applied with a like result.

As this means of delivery had failed, the hand was introduced for exploration, with a view of turning, if found to be expedient. On passing the hand up alongside of the head within the internal os, the os was found spongy to the touch and not contracted, but the womb was found closely contracted around the neck of the child, so tightly that the fingers could not be passed on either side of the neck beyond the point of contraction. This fact was of great importance, for it explained that peculiar symptom already noticed when pulling on the forceps.

It was now thought advisable to administer Chloroform for the purpose of relaxing the uterine structures. After getting her fully under the influence of the anæsthetic, it was found to be ineffectual in overcoming this rigidity; the same contraction still remained, and as the child was

known to be dead by the absence of all movement, craniotomy suggested the only means of relief.

The patient was now placed in position and the anæsthetic administered.

Smellie's scissors, properly guarded by being imbedded in a piece of potato of sufficient thickness to protect the structures of the patient, was introduced and carefully lodged in the anterior edge of the posterior fontanelle, and turned transversely to the position in which they were introduced, guided by the hand; on finding the scissors securely lodged in the head, firm and regular pressure was used until the instrument passed into the head of the child. A gush of fluid immediately followed from the opening thus made, distinctly heard over the room, continuing so long as to confirm a previous supposition that it was a hydrocephalic head, but of firmer consistence than is usual in such cases. The scissors were now carefully removed, guarded by the hand, and the crotchet was passed within the wound already made, and securely fastened upon the inner surface of the right parietal bone near its junction with the temporal, the fingers of the left hand being passed over on the outside of the head and brought to the point where the crotchet was fastened, to protect the soft parts of the mother in case the instrument should perforate the bone, which, fortunately, did not happen.

The patient in the meantime being under the influence of the anæsthetic, traction was made during the pain, and the head immediately began to descend. The condition of the womb which was observed when the forceps were used was no longer noticed. The child was now, with moderate force, delivered.

The child was a well-formed female, and would weigh about eleven or twelve pounds, with an enormous head, as the following dimensions will show. These measurements were taken as it lay emptied of all fluid:

Diameter.—Occipito-frontal, 6 inches.
Biparietal, 5 "
Circumference.—Occipito-frontal, 17 inches,
Occipito-coronal, 16 "

After the influence of the anæsthetic had passed off, Opium 6th was given every two hours. There was a moderate flow of the lochia and very few after-pains, but, owing to the long-continued labor, there followed great numbness and stiffness of the limbs, which passed off gradually. Arnica was given for this the second day after delivery, which with a few doses of Bell. for restlessness constituted the remedies used in the after-treatment. The patient now, one month after delivery, is well and enjoying good health. The lochia has ceased and the breasts have given no trouble.

1876.

THE INDUCTION OF PREMATURE LABOR.

BY H. H. HOFMANN, M.D., OF PITTSBURG, PA.

Although the obstetricians of the old school have thought and written to quite an extent on this important operation of midwifery, none of our school have paid much attention to it, with the exception of Guernsey and Hale. We give a *résumé* of the cases calling for this operation,

and the principal methods of performing it, more for the purpose of introducing some interesting cases from practice than for bringing forth any new method.

By the term "induction of premature labor" is meant, of course, the usual acceptation of it; that is, causing an expulsion of the contents of the uterus after the beginning of the seventh month and before the end of the ninth, for the purpose of saving both mother and child.

This operation seems to have had its origin in a consultation of the most eminent physicians and surgeons of London, in 1756, as to whether it was right, and what advantages might be expected from it. The question was decided in the affirmative, and the first operation was performed by Dr. Macaulay. In this he was successful, and, in consequence, it found favor, and spread from England to other nations, where it now has become one of the legitimate and established operations of obstetrics.

The cases calling for this operation are various. The conjugate diameter of the superior strait may, in some women, measure less than three and one-half inches, or the pelvis may be distorted in various ways, so that there is small probability of the delivery of a viable child at full term. Then, in order to preserve the life of both mother and child, that time should be fixed for the operation which will allow the child to remain in the uterus the longest time consistent with the safety of the mother. In this connection it may be well to state that it has been my experience that when women have had rachitis in childhood, there is almost invariably distortion of the pelvis. It would, therefore, be well in a case where we know that the woman has had rachitis to make a thorough examination of the pelvis, even if the woman is a primipara. If distortion is present, it would be far better to induce labor prematurely than to wait and see if the child can be born alive at full term, thus running a great risk of mutilation of the child by craniotomy, or the Cæsarian section of the woman.

Again, smallness of the abdominal cavity, or a too great resistance of the walls, has been urged as requiring this operation, and it is claimed by the advocates of it that good results have followed; however, it would perhaps be better to allow nature to take its course, for expulsion of the fœtus generally follows of its own accord.

Some writers have given as a cause for this operation the predisposition of some women to death of the fœtus about the eighth or ninth month. They claim that they have very often obtained living children, when every other child at full term was stillborn.

Among other causes may be named putrefaction of the fœtus, some rare cases of albuminuria, and puerperal convulsions, when the contents of the uterus are not evacuated spontaneously.

The first method of inducing premature labor was that of Macaulay, in which the membranes were punctured. This method was used for a long time, and was modified by Meissner. This modification consisted in puncturing the membranes at the fundus of the womb, by inserting a stilette, shaped somewhat like a male catheter, between the membranes and the walls of the uterus. This practice has fallen somewhat into disuse. Some physicians claim that this process is dangerous, because sometimes labor is not brought on even if all the liquor amnii has been drawn off. This can hardly be possible, for the inequalities of the fœtus cause it to act as a foreign body, and thus cause uterine contraction. But the chief objection is, that this method is more tedious than the others, and should, in consequence, be dropped for something better.

Galvanism has lately been brought into notice as an agent for inducing contraction of the muscles of the uterus. The instrument for

applying it consists of a metallic sound, covered, except at the point, with some insulating material, and so arranged at the other end that connection with a battery may be made, and the current made continuous or discontinuous by a touch of the finger. This is placed in the vagina, well up to the womb, and the other pole is placed over the fundus. A current is then made to pass for ten or fifteen minutes. The friends of this method claim that it is entirely harmless, and that labor will be brought on in two or three days at farthest. The bulkiness of the galvanic battery will prevent its general adoption by the profession, since it cannot be conveniently carried about.

The forcible injection of cold water into the fundus of the uterus, so as to produce a separation of the membranes from the walls of the womb and to induce contraction, seems to have no advantage over the use of the bougie, and, besides, is liable to form an embolus in one of the uterine veins, and bring on disastrous consequences well known to every physician. Dr. Barnes, the inventor of the hydrostatic bags for dilating the cervix, in speaking of the different methods, says: "I think it important to repeat an emphatic warning against one of them; I mean the plan of injecting water or other fluid into the uterus. This was introduced by Schweighauser and Cohen, and is sometimes described as Kiwisch's plan. But Kiwisch's plan is simply to inject water into the vagina, playing the stream against the os uteri, not into the cavity of the uterus. Now Kiwisch's plan is generally harmless, but it is certainly often useless. On the other hand, Cohen's intra-uterine injection, although far more certain in its action, is fraught with extreme danger. *Both in this country and abroad, several cases of severe shock and of sudden death have ensued from it.* Of course no advantage or convenience, however great, can counterbalance such a danger; the plan, therefore, should be discarded."

The flexible bougie is used by being inserted between the membranes and the walls of the uterus, to the extent of four to seven inches, coiling up the remainder in the vagina. The bougie is then left *in situ* until labor-pains supervene, generally from six to twenty-four hours. It is then removed, and nature allowed to take its course. A modification of this method has been brought into notice by Dr. Lumley Earle, of Birmingham, England. It consists of a cap of india-rubber having a string about twelve inches long attached, fitted very loosely over a whalebone sound. The plan is to introduce several of these caps between the membranes and the walls, and then to withdraw the sound entirely, making fast the ends of the strings outside the vagina with a bit of plaster. When the pains commence the india-rubber caps are withdrawn by means of the strings. The advantages claimed by Dr. Earle for this method are:

First. The caps being soft and compressible, are not liable to rupture the membranes or injure the walls.

Second. The patient can walk about without any risk of displacing the caps.

Third. More than one cap can be passed into the uterus at one time, thereby causing irritation at more than one place.

The disadvantage of the bougie or its modification is the liability to cause inflammation of the uterus, and the pain and inconvenience which it causes the patient.

Dr. Barnes's method of accelerating premature labor consists of the use of the bougie, and afterwards the hydrostatic bags. He introduces the bougie in the usual manner, and when pains commence he proceeds at once to dilate the cervix by means of the bags. These bags are made of

india-rubber, and have a tube attached for forcing water into them. He claims that by this method he can definitely fix the date of the birth of the child.

The danger attendant upon the use of the bougie is not diminished by this method, and it is a question whether the dilatation of the cervix by the hydrostatic bags is not sufficient of itself to bring on labor, for it is a well-known fact that as soon as the cervix is sufficiently dilated labor-pains supervene. Then if this be true is not the use of the bougie superfluous?

There is one advantage, however, in Dr. Barnes's method. For when some severe ailment exists, as, for instance, puerperal convulsions, a method for rapid delivery where no time is to be lost is invaluable.

The uterine douche for directing a stream of water against the neck of the uterus, was introduced by Professor Kiwisch. This consists simply of a tin box, having attached to it a rubber hose about six or seven feet in length. The box is filled with warm water of the temperature of about 70° Fahr., and then elevated on a mantel, and the stream directed against the neck of the uterus for about ten or fifteen minutes without interruption. This is repeated every five or six hours. The friends of this method claim that contraction will be brought on in twenty-four or forty-eight hours. It has, however, been proven that this has failed in quite a number of cases.

The method of dilatation by means of sponge tents is due to Professor Kluge. The sponge tents first in use were made simply of compressed sponge, but serious objections began to be advanced, as it was claimed, and with great truth, that the tents after remaining a short time in the cervix became foul, and even putrid, from the secretions with which they had become saturated. On this account patients incurred a great risk, especially those who were sickly and delicate. To avoid this, and also to keep the sponge together better, carbolized mucilage is now used. Tents, it is claimed, are better than hydrostatic bags, as they dilate the cervix more slowly, steadily, and continuously. Having inserted the speculum or the finger, as the case may be, into the vagina, well up to the cervix, the tent fixed upon a sound is guided along and inserted into the neck so far that no part of it extends out into the vagina. If this should be the case, the tent is very liable from its conical shape to work itself out altogether, thus rendering the operation useless and even worse than useless. When the sponge is fully dilated, which will be at the end of ten or twelve hours, it is taken out and one of larger size inserted, until the cervix is sufficiently dilated to admit of the entrance of two or three fingers.

On comparing the different methods, it will be found that every one, excepting the douche and dilatation either by the tents or the hydrostatic bags, has serious objections against it. We should always choose that plan which involves the least danger, and it is certain from a comparison of the testimony and the results, that the douche and the tents are the safest and most pleasant. With Dr. Barnes's bags American practitioners have very little experience, so that we have practically to choose between the two enumerated.

In regard to accelerating the delivery of the child when labor is fully established, Dr. Barnes recommends version. He contends that when the conjugate diameter of the pelvis is three inches or below, turning is the true method of accelerating labor. My experience in regard to version has been different from his, in fact, quite the opposite. I have found that there is always more danger to the child the longer the head remains undelivered after the body is born. Now, if version is per-

formed, and the head is delivered last, there is much greater danger of the child being asphyxiated than if the head is born first and the child has a chance to breathe should the cord be accidentally compressed. Asphyxiation should be guarded against far more than if the child were at full term and robust, for the child will be much harder to resuscitate than one which is delivered at full term.

Case 1.—Mrs. C. M——, aged 19, stout, hearty young lady. Labor-pains commenced on Thursday night and continued until Sunday night, when forceps were brought into requisition without avail. Calling in a consulting physician, and using the forceps again, craniotomy was performed, as the child was already dead. She made a very slow recovery, not being able to pass water without the aid of the catheter for five or six weeks, or even to turn herself. Becoming pregnant again, I advised the induction of premature labor. The amniotic fluid was drawn off by means of a stilette, and in four hours after labor-pains commenced she was delivered of a living child, which did well and became strong and hearty. It lived eleven weeks, when it died of catarrhal fever in the care of another physician, I being sick at the time.

Case 2.—The same lady being pregnant two years after, the uterine douche was used, and warm water thrown up the vagina every night for a week. At the end of this time labor came on and continued for an hour and a half, when she was delivered of a healthy boy. The child is still alive, and is now about ten years old.

Case 3.—Mrs. F. P——, aged 32, small woman with a very greatly contracted pelvis. She had borne four stillborn children before I attended her. With the fifth a midwife had been attending from Monday till Friday. On being called I delivered her of a child from the superior strait with the forceps. By using vigorous measures I succeeded in restoring the asphyxiated child. The superior strait was so much contracted that the head, which was soft, had been pressed in about a quarter of an inch by the promontory. I advised premature labor if she should become pregnant again, and accordingly, when she was seven months advanced in her next pregnancy she informed me of it. I made examinations from week to week, as in the other cases, until the head became hard, when labor was brought on by means of sponge tents, which I introduced on two successive evenings. The third morning pains came on and a living child was born, which is still alive. Last year, in another pregnancy, I had determined to bring on labor about January, but in December nature took the matter into her own hands, and premature labor came on spontaneously at six and a half months, the mother bringing forth a living child. This case is remarkable, as the child lived seventeen days; and had the weather been less inclement it would undoubtedly have become strong and healthy.

Case 4.—Mrs. M. K——, aged 19. Being in labor the first time, I succeeded in delivering the child with the forceps without resorting to craniotomy, but the child was dead. I advised her at the time that when she became pregnant again she should have premature labor brought on. This was done about a year after; sponge tents were inserted for three nights. Labor lasted about five hours, when I delivered her with forceps of a healthy boy. This child is at present about five years old.

Case 5.—In the next pregnancy of the lady, about two years after, labor was brought on with two sponge tents. Labor lasted about five hours, with the same results as before, the child living still.

Case 6.—Mrs. C. B——, age 42. Of eight previous pregnancies had only one living child, which died when it was five years old. In her

ninth pregnancy I was called after labor had lasted four days, she being attended by a midwife. With the aid of forceps I delivered a dead child from the superior strait. As she very much desired a living child, especially as she was growing old, I brought on premature labor in her next pregnancy with sponge tents. Labor terminated in four days, and a living girl was born, which is still alive and hearty.

Case 7.—In the eleventh pregnancy of the same woman, about two and a half years after, labor was again induced. Several days elapsed before pains commenced, and in the meantime the amniotic fluid had escaped. After three or four hours' severe labor she was delivered of a living boy, who on last accounts was well.

Case 8.—Mrs. J. H——. In her first confinement I was called after a midwife had been with her for several days. After trying forceps, I was compelled to resort to craniotomy. In the next pregnancy premature labor had been decided upon, but was forestalled by nature, which brought on labor spontaneously. The child, however, was sickly, and died when it was three months old. In her next pregnancy she would not consent to the operation, and went to full term. Dr. Seip and myself succeeded in bringing the child down from the superior strait with forceps. The head was pressed considerably inwards, and the mother made a very slow recovery. The husband and wife refrained from cohabitation for nearly five years, but at the end of this time she again became pregnant. This time she consented to the operation. Sponge tents were inserted for nearly eight days before labor came on, probably because several times when labor pains came on the tents were removed, but the pains stopped again. The amniotic fluid had escaped two days previously.

I found a cross presentation with the right arm down and the head to the mother's right side. Version was performed and the left knee brought down. The body being born, there was great difficulty in bringing down the head, which was still in the superior strait. I applied forceps, but could not deliver the head quick enough, so the child died.

1876.

EXTRACTION OF THE FŒTUS WITH THE OBSTETRIC FORCEPS.

BY J. H. MARSDEN, A.M., M.D., YORK SULPHUR SPRINGS, PA.

Perhaps I owe an apology for presenting a subject apparently so trite and commonplace. It is doubtless one upon which most of us feel ourselves to be fully posted up—to know already all that is to be known. Be this, however, as it may, I do not stand here as your instructor, but rather for the purpose of eliciting your views, which, I trust, will be freely given. But whatever may be our knowledge, real or supposed, I do believe it still admits of increase, and this increase is in no way so likely to be effected as by a free interchange of thought.

As the subject of this paper is in the strictest sense professional, I respectfully ask that it may not be reported in the daily papers. It is

one which, in my opinion, should not be read, even "by title," in the public prints—one to which the beautiful line of Virgil most appropriately applies: "Procul, ô procul este profani."

We have on former occasions, when honored with the privilege of reading papers before this Society, spoken of the choice of forceps and the best modes of its application. It is therefore not with these topics we at present have to do. We suppose the occasion to be a suitable one, and the instrument to be already properly adjusted, and all that remains to be done is to use it in the best manner, so as to effect delivery, safe to both mother and child. This is an operation more important than it is perhaps generally regarded, especially by young practitioners. Throughout extensive rural districts we find women looking upon the "use of instruments" with the utmost horror. Many are the stories they tell us of smashed heads, lacerated genital organs, or, at the best, indescribable agony in delivery. These things ought not so to be. No woman ought to suffer as much, when delivered with the forceps, as she would in the same labor if left to her own unaided efforts to deliver herself.

When the forceps is applied to the head of the child and locked, the first question that presents itself is, how shall we grasp the handles?

We will suppose the instrument in use to be the *long* forceps, as this is most commonly employed with us, and I believe it is rapidly growing into favor. This instrument, when grasped near the end of the handles, has a very powerful leverage, and, if considerable force be employed, may very readily cause dangerous compression. This objection has often been urged against the use of the long forceps. The late Professor C. D. Meigs, who was a strong advocate of the short forceps, used to say, jocosely, when giving his reasons for his preference, that "with it he could break just as many fœtal necks as he desired," meaning that with the long instrument he would be likely to break more. But such a result is entirely unnecessary. If we grasp the long forceps near the lock, we convert it, so far as leverage and compression are concerned, into a short forceps. The hand so applied can scarcely, by any ordinary force, endanger the head by undue compression. This may be demonstrated by embracing the left hand of the operator, closed, within the forceps, while compression is made with the right, applied near the lock. Nor is there danger of the instrument slipping when it is thus taken hold of. If well passed over the head, and an easy lock secured, the maternal parts will keep the blades in place while the head is passing through the pelvis.

Nor need it be objected that we shall thus diminish leverage, and consequently lose the advantage of compression. The advantage of compression in delivery is probably greatly overestimated. The cranial cavity is filled with the brain and its circulating fluids, which have but little compressibility. If, therefore, we displace these from one diameter of the head, so long as its walls are intact we drive them to another; in other words, if we shorten one diameter by compression, we lengthen the one crossing this at right angles in the same proportion. This latter, too, is probably the one that needs to be shortened in order to facilitate delivery. It is true that, in difficult labors, completed by the natural powers, compression is one of nature's means of accomplishing her end. But this compression is very different from that effected by the forceps. It consists in an exact moulding of the head to adapt its shape to that of the canal it is traversing. Thus its transverse diameters shorten, while its longitudinal diameter lengthens, giving the head that shape and appearance denominated wiredrawn.

It is better, therefore, to regard the forceps, not as a compressor, but

as an extractor and a lever, the latter power, however, being very carefully used.

The next inquiry is, In what direction shall the extracting force be applied? We think a very simple answer may be given to this question, and one which will furnish information adequate to all practical purposes. It is this: If the forceps be properly introduced and adjusted, the blades secured by an easy lock, well carried up, and the handles then permitted to rest where they are inclined, these latter will point in the direction in which the first extractive force should be applied. As extraction progresses, if the head advance, the handles will rise more and more, until, at the moment just before the delivery of the head, they may form a very acute angle with the surface of the anterior abdominal wall of the mother. As they sweep round almost a semicircle at every point, they still indicate the direction in which the extractive force should operate. No effort should be made to prevent the handles from rising, but, on the contrary, they should be so delicately held that the hand will, as it were, spontaneously follow them. To do this we have sometimes taken a position, on the knees, upon the edge of the bed, before the head, embraced in the forceps, was fully extracted. The adoption of this rule in practice, we believe, will prove more satisfactory to the operator, and safer to mother and child, than an attempt to modify the direction of force according to the position in the pelvis we may suppose the head for the moment to occupy. We should remember that, where the use of the forceps is demanded, it is the *vis à fronte* we are to supply, to supplement the *vis à tergo* of the womb, which is supposed, for the time being, from some cause or other, to be in abeyance or inadequate to the purpose. If this be furnished in accordance with the rule above given, the organism will do the rest; or, if incompetent, then the forceps must be thrown aside and other measures adopted.

A third question to be answered is this: Shall we extract by a direct force or by an oscillating pendulum movement from side to side? Many years ago, we think, the latter was the instruction almost universally given by professors of midwifery. Of late, however, this, like many other points which men had supposed to be finally settled, or nearly so, has been called up again for discussion, and even former decisions almost authoritatively reversed. Discussions upon scientific subjects are often aptly represented by the story of the dispute between the two knights about the composition of the shield which was said to be placed upon a post at the cross-roads where they chanced to meet. While one maintained it was gold, the other, equally positive, asserted it was only silver. Unable to convince each other by argument, as fools generally do they resorted to arms, an expedient with them, as is mostly the case, equally unsuccessful. Tired of the conflict, each viewed the side at first seen only by the other, when lo! the shield was gold upon the one side, but only silver upon the other.

We are thus apt to draw our conclusions from individual cases that may have fallen in *our own way*, and hence they are often wrong. There can be no doubt where the head is very small in relation to the pelvis it may be extracted by *direct* force. Further still, in such cases *direct* extraction will be the best, because it is the shortest way of accomplishing our object, and may generally be practiced in the case we have supposed without material risk to mother or child. But its universal adoption we deprecate. It must be admitted, however, it has recently been advocated by high authority. Dr. Mathews Duncan, in a paper lately read before the Obstetrical Society of London, so strenuously argues in its favor as scarcely to admit any reason to be found on the opposite side. He con-

tends that the operator ought to know exactly the point in the pelvis which the head in its descent at each successive moment occupies, where resistance to its progress is encountered, and therefore should be able to apply *direct* force in such a manner as best to accomplish his purpose. It may seem, indeed, like presumption to criticise or even to call in question the correctness of the opinions of so great a man. We may, nevertheless, venture to say that whatever inspiration such a one may enjoy, it does not fall to the lot of all. Even though Dr. Duncan may possess such knowledge in perfection, it is unattainable by many. Such is the diversity in the shape of pelves, even not deformed, and more especially in fœtal heads, that it seems to me to be beyond the reach even of mathematical calculation to determine with precision the exact points in which the latter, still unborn, shall encounter resistance in passing through the former. And further, even upon the supposition that these points be exactly determined, it appears to me that the varying of the direction of the force so as to avoid the resistance or obstruction to its progress that the head must meet in its descent, would amount to a movement equivalent to oscillation. Therefore, where the relation of the head to the pelvis is not such as we have supposed, that is, where there is any considerable resistance to be overcome, for reasons that we will presently give, we should unite a gentle oscillating movement of the handles from thigh to thigh, and thus combine the leverage power of the instrument with its traction force. This movement serves, as it were, to tide the head over obstructions, especially such as are created by the dragging down before it of the soft structures lining the parturient canal of the mother. Where the head fits tightly, these structures are liable to be torn or otherwise injured by a simple straightforward extracting force, especially if violent, as, if direct, it must often be; whereas by an oscillating or pendulum movement, when the head is thrown, say to the *right* side, the corrugated tissues on the *left* are permitted by their resistancy to fall back. Again, when the head is thrown to the left side, it, as it were, oversteps the tissues which had just partially receded upon that side, and allows those upon the other to fall back in like manner, and so on alternately till the head has passed. Practically, all experienced operators know how much, in difficult cases, gentle and skilful oscillation contributes to the ease of delivery. Even in the simplest mechanical operations we almost instinctively resort to a "from side to side" movement to overcome resistance which does not yield to direct force. A very familiar example is furnished in the removal of a ring which fits tight upon the finger.

In executing the above described manœuvre, the utmost care must be taken to avoid rashness. The movement should be *slow* and *deliberate*, giving everything time to yield; the handles should not describe too large an arc, and the utmost precaution should be observed not to grasp the instrument too far from the lock or too firmly, so as to endanger undue compression.

Finally, it may be asked, What time should be occupied after the adjustment of the forceps in effecting delivery? This question can be answered only by approximation. The time should be regulated according to the circumstances of the individual case. Where there is any impending evil to be avoided or mitigated by hasty delivery, this should be effected as rapidly as is compatible with the safety of mother and child, but *never violently*. Under ordinary circumstances we should act deliberately. "Time enough if safe enough." Where the head is tight, we should give time for that admirable moulding which the pelvis of the mother alone can effect. When the object is simply to afford a little

additional aid to rather feeble natural powers which are likely to break down before the attainment of their end, we may simply apply some force in unison with the recurring pain, so as to relieve the womb in a great measure of its task. We thus husband the strength of our patient, save her from dangerous prostration, and secure for her a more rapid and perfect recovery than she might otherwise have.

1876.

PUERPERAL FEVER, PERITONITIS, CHILDBED FEVER, ETC.

BY HENRY N. GUERNSEY, M.D., PHILADELPHIA.

The latter name I prefer to all others for this so-called disease, as being explicit in signifying what it really is, viz., childbed fever. For a very full natural history, diagnosis, prognosis, etiology, termination, and treatment of this so-called disease, consult my work on *Obstetrics*, new edition, pp. 431 to 454, inclusive, and pp. 660 to 665, inclusive. According to the records of the best observers in medical literature it is evident that there are all grades and degrees of this disease, from the slightest variation of the natural standard of "lying-in" to its most violent and fatal form. Whatever be the name or nature of this malady according to the pathology of the old school, the pathology as marked by Hahnemann is the only one that avails in our practice. His is pre-eminently practical, and by his pathology alone can the best curative results be obtained. We will proceed to illustrate by citing to the student and practitioner a few of the most important remedies used in this form of suffering.

The intensity of the febrile symptoms, per se, never indicate a remedy. Their intensity does not indicate the need of Acon. or of Verat. vir., or of any other drug to be given in strong, appreciable doses, or otherwise, with the idea of forcing the pulse down and keeping it there for several days. No such treatment is *ever* admissible if the physician seeks to cure in the best possible way.

Acon.—This remedy is useful where there is a real synochal fever, pulse hard and rapid, skin dry and hot, thirst intense, pains sharp and shooting through the whole abdomen, which is very tender to the touch.

When the above group of symptoms is present there will surely be other symptoms equally characteristic. For instance, the mind is far from being at ease and composed; there is a constant restlessness, accompanied by a fear of death, or of some kind of danger; no change of position affords relief; there is sleeplessness and unrest in every particular. The bowels may be loose or costive; urine is generally dark and scanty. Lochia scanty or suppressed.

The above is the genus of Aconite. The great beauty of our practice lies in the fact that when a sick person exhibits the same genus as a whole in his or her malady, whatever it may be, and Acon.^{200} in solution with water, is given every half hour or so for a few times, the following changes will gradually take place: The patient will feel a little easier;

the sharp pains will be less severe and less frequent; mental condition grows calmer; sleep begins to steal over the senses, and the symptoms generally begin to improve. The medicine should now be discontinued, and not be repeated unless there is a general recurrence of the symptoms. It is as important to observe this latter rule of Hahnemann's, to stop the medicine as improvement becomes apparent and wait upon its action, as that any medicine should be given at all. The physician who persists in repeating the medicine hour after hour and day after day will often entirely fail of a cure, and will do his patient harm.

Another remedy should by no means be administered at present. Let Aconite do its whole duty, and *do not repeat* so long as a favorable action is apparent, whether the time be extended to two or three days, a week, or even a month. In a large majority of such cases as the above, Acon.^{200} will cure *completely* if its repetition be *discontinued* so soon as favorable action becomes apparent.

Apis mel.—Stinging, thrusting pains, similar to the stings of bees; absence of thirst; urine scanty; dyspnœa. This group being present, there will also be great restlessness, tossing and turning without the least relief.

The stinging, thrusting, or plunging pains, are in the abdomen, and are often so severe as to make one cry out. One feels strangely, as if about to die, but there is not the fear as in Acon. Very high fever, pulse rapid. If Acon. or Verat. viride be given in a case of this kind to force down the pulse, there would be no hope for the patient's life; but if a teaspoonful of Apis^{2c}, in watery solution, be given every half hour, the stinging pains soon subside, rest is secured, the pulse comes down, and the patient makes a rapid recovery, provided the repetition of the dose is governed by the rules laid down in the *Organon of the Healing Art.* How different the genus of this remedy from the preceding!

Arn.—If mechanical injury has been sufficient to cause the difficulty, the patient will be restless, will ache all over, and feel tired. *The head feels very hot while the body feels cool and often chilly.* This symptom is *entirely subjective*, sensation of hot head and cool body. The head feels so hot she is alarmed about it and is sometimes afraid to sleep. In cases similar to this, Arn.^{2c} will very soon settle the disturbance without any other remedy. But, as in all other cases, the medicine must be discontinued so soon as improvement is manifest, and held in abeyance for repetition.

Ars.—Burning, throbbing, lancinating pains; burning like fire. Great restlessness and anguish, with fear of death. She is *sure* she will die. Thirst for frequent sips of water, only a little at a time; cold water aggravates her symptoms. She wants more warm covering, wants to be wrapped up; sensitive to cold air; the least effort exhausts her, as rising to the chamber, turning over; every physical effort makes her feel very weak. If she has loose bowels the stools will be very offensive. Pulse very rapid. Skin dry and hot, or it may be cool and damp.

There is a genus unlike any other remedy, and nothing but *Ars.* will answer to cure. Ars.^{8m} repeated every half hour for a few times, and the cutting, burning pains subside rapidly, the exhaustion ceases, and the patient will make a rapid recovery; but the medicine must be discontinued after improvement is manifest.

*Bellad.**—If when lying still and well covered up, cold creeps run down her body at intervals. If not delirious she is apt to be dull and stupid; feels sleepy and dreamy, yet does not sleep soundly, is in a semi-wakeful

* In addition to what is mentioned in my Obstetrics.

condition. Now, Bell.^{4m} or ^{41m}, once in two hours, will make such a change after the third dose that she will probably need no more medicine for some days, if at all. Wait patiently so long as she improves, *without a repetition;* it is certain that unnecessary medication is always hurtful.

Bry.—Besides the indications given in my *Obstetrics*, deep inhalations are painful; often there is stitching in the abdomen. Thirst for large quantities of cold water at every draught, but not so very often. She cannot lie upon either side. Lochial discharge often very offensive. In such a case Bry.^{2c} in water, perhaps every half hour or one or two hours, according to the violence of the attack, brings a slight improvement very soon. The intervals of dosing must then be placed further apart, and as improvement becomes well established the medicine must be stopped entirely, when the cure will progress far more favorably than by constantly dosing.

Kali carb.—This is one of the most important remedies for post-partum troubles in the whole Materia Medica. In childbed fevers it is one frequently indicated. In addition to what is mentioned in my work on *Obstetrics*, the stitches come during perfect rest, and are not dependent upon motion of any kind. Also the abdomen is frequently found to be *much* distended with flatulency. Great exhaustion, with a sort of stupidity; does not seem to care for anything. Pulse very rapid and small. Urine often very scanty and dark. My choice preparation is the 4^{m} potency. If the pains are very distressing I give a teaspoonful of a solution in water every half hour till manifest relief is obtained, and then at intervals of one or two hours, and if the improvement continues, stop the medicine entirely and wait for new developments. Sometimes a repetition will be necessary, but frequently no more medicine will be required. Of course to satisfy the parties immediately concerned it will often be necessary to give a teaspoonful of water occasionally with a few unmedicated pellets dissolved. If the case be not so very painful and acute, instead of repeating every half hour, give once in two hours till improvement is manifest, then cease and wait for further developments.

I have cited the practitioner to only a few of the more important medicines for this formidable complaint. For a still greater number see my *Obstetrics* Not one is there mentioned that has not done me good service in the above form of trouble. For a still larger number look to the *Materia Medica Pura*. It is *necessary*, in order to make the best kind of cure, if possible to find *the remedy* for the entire case without a change. *The more care used in the selection the surer we shall be to cure without a change.* The practice of giving Acon., or Veratrum viride or any other drug in large doses to force down the pulse, and to keep it there by main force of the drug, is a practice calculated to do much harm and must lead to many a fatal issue, and besides, such a practice is entirely unnecessary. The medicine that is strictly homœopathic to the case, given in the 200th potency or much higher, will cure, and that speedily and safely, provided it is not repeated too much after the cure fairly commences. I have written the above simply as an encouragement to all such physicians as are disposed to practice homœopathy purely and correctly. I am satisfied by this mode of practice we do the largest amount of good to humanity and to the profession. By this method we approach more and more to a state of certainty in the practice of medicine, and certainly this is what we want and are daily striving to attain.

I will now state a few differential symptoms which characterize each of the preceding remedies.

Acon. has its peculiar fear, restlessness, and anxiety, as no other drug has. It will be perceived the patient looks upon her symptoms with

anxiety and dread, and does not feel calm a moment. The dry skin and thirst and the sharp shooting pains are pretty sure indications for this remedy.

Apis.—Here the stinging or thrusting pains similar to the bee-sting are a pretty sure guide to its use. Next the scanty urine, the absence of thirst and the restlessness complete the picture. Repetition should not be continued nor another remedy be given soon after these prominent symptoms abate. Wait for hours and days and see the whole cloud disperse.

Arn.—The mechanical injury, the sensation of hot head and cool body and the bruised sensation are all sufficiently characteristic. Often no other remedy is required, but cease dosing as soon as possible.

Ars.—The burning lacinating pains, burning like fire, fear of death, thirst for frequent sips of water, the exhaustion, all point so strongly to Arsenicum that hesitation need not be long.

Bell.—Extreme sensitiveness to the least jar of the bed or floor, the stupidity, the sudden appearance and disappearance of the pains, the character of the pains in the abdomen, clutching, very forcibly remind the practitioner of Bell.

Bry.—Aggravation from the least motion, the state of the mouth and lips, the thirst, the effect of the erect posture in bed, would certainly remind the practitioner of Bry.

Kali carb.—The stitching pains, those that occur when perfectly at rest, independent of respiration or motion, and so of the other pains for this remedy, force one to think of Kali carb. Also the extreme tympanitis points to Kali carb.

1877.

OVARIAN TUMORS.

BY HENRY N. GUERNSEY, M.D., PHILADELPHIA.

Very much has been written on the subject of ovarian tumors. Nearly all writers, with scarcely an exception, describe at length their varieties, consistency, appearance, position, etc., as though they were a something separate from the living organism and vital principle which animates them, as something hidden internally and material, however subtle their nature may be supposed. The symptoms that accompany each variety are delineated with the accuracy of a portrait painter, and drawn as though they were stereotyped. On the contrary, no two cases have ever been known to exist where the symptoms were identical, nor is it possible that any two cases will ever be found to present more than a similarity. The truth of the matter may be stated as follows:

All ovarian tumors are of dynamic origin. So long as health reigns supreme there can be no diseased condition. Disease only exists on a departure, however slight, from the normal state of the vital force, which causes the patient to feel slightly indisposed. This condition of affairs may continue for months, or years, and no ovarian tumor yet appear, not the slightest vestige of one. At length this increasing morbific influence exhibits a slight derangement in either of the ovaries, and

by degrees the development of an ovarian tumor makes its appearance. At first so small as to be only recognized by a powerful microscope, later the naked eye can detect the result of the morbific influence, and the then small tumor, still augmenting, may gain in the aggregate the weight of one hundred pounds. In fact the size and weight are only limited by the endurance of the sufferer.

This is the real pathology of all tumors and other diseased conditions. It is the *living* pathology *only* that concerns the physician as a healer. The material is *per se* of no account beyond its symptomatic value. If it is true, and *true it certainly is*, that an abnormal state of the vital force has been the contributor to all this growth, why, if the doctrine of homœopathy be true, should we not be able to remove anomalous force and to establish in lieu thereof a health-producing dynamic power? Why, then, do our surgeons, especially our homœopathic surgeons, so eagerly resort to the knife in these cases? Why do they not take heed to Samuel Hahnemann in the treatment of the sick?

Dr. John Hunter, one of the *astra lumina* in the galaxy of surgeons, even in his day held the operative part of surgery in the lowest estimation. "To perform an operation," said he, "is to mutilate a patient whom we are unable to cure; it should, therefore, be considered as an acknowledgment of the imperfection of our art." He avowed himself outmastered, completely conquered, by the progress of the disease in question. He felt humiliated when obliged to resort to the knife in cases that he felt ought to be cured by medication only.

Many and many a time have I heard the venerable Valentine Mott deplore the necessity of a surgical operation. He would raise a pitying eye to his numerous class of students, and say: "Gentlemen, we are again mastered, repulsed, by the unsubdued progress of this disease. Again, we are compelled to resort to the *opprobrium medicorum*. The art of surgery is nothing more. I am sorry, very sorry, that this person could not have been cured and thus saved the necessity of this degradation to the healing art"

If our allopathic brethren take a stand of this kind should we not expect more of homœopathy? Yet the truth really is, that most of our homœopathic surgeons resort to the knife as the very first remedy, declaring it to be the only remedy, and that it should be resorted to at once. Gentlemen, this is a *mistake*, and shows great mental weakness and want of knowledge of the fundamental principles of our art. It shows a disposition to succumb to the inroads of diseased conditions, to retreat from the enemy, and to sink into mere routine.

It may be said that I do not encourage the art of surgery. Nothing can be further from the truth. I encourage it in the proper way. Which of the two is the more noble—the art of *healing*, or the art of *relieving* by marring the human system? Cutting is simply palliative; it does not cure. The scalpel can never, no, never, remove from the system that dynamic force which brings to view the product of disease. The surgical art should be held in abeyance, faithfully and religiously, as a *dernier ressort*. I am well aware, and so is the surgeon, that a bold and skilful operation, successfully performed, carries with it the *eclat* of admiration and applause of the populace; but to every thoughtful mind, how much more admired and lauded is a thorough cure of the same malady by medicine, the only legitimate and satisfactory mode.

That ovarian tumors are curable by medicines we have sufficient proof from records made by physicians occupying the highest rank in the profession.

When we use our Materia Medica in complete accordance with the

rules so ably advanced and expounded in Hahnemann's *Organon* and his *Chronic Diseases*, we obtain the most brilliant success in treating this formidable complaint. Let us cite a few examples of undoubted authority, showing that ovarian tumors are curable:

In Raue's *Annual Record of Homœopathic Literature*, 1870, p. 70, we find the first case on record, so far as I know, and it was a cure effected by myself nearly twenty years ago. The case came into my hands after it was pronounced by several of our best allopathic physicians and surgeons to be a well-developed instance of ovarian dropsy, which nothing but the knife would relieve The fear of so formidable an operation induced her to seek my aid. The tumor was so large as to fill the abdominal cavity, rendering stooping impossible. There was also an anasarcous condition of the cellular tissues throughout the whole body. The characteristic symptoms indicating the remedy were *pains like bee-stings* in the ovarian cyst, very scanty urine and *no* thirst. By administering *Apis mel.* in strict conformity with our law of cure, in the course of ten months she was restored to perfect health. A few months after the cure she was found to be pregnant, and in due time gave birth to a healthy child. This woman and her husband and child are still living in this city, and can be seen by any person desiring to do so by calling on me for their address.

In the same *Annual Record*, p. 244, we find another case, by T. Black, M.D. This, an ovarian cystic tumor, was cured in six months by Bromide of potassium. Symptoms not recorded. He also reports another case, cured by an allopathic physician, and by the same remedy in the same course of time.

Another case, found on same page, was nearly cured with Rhododendron, but the patient, from some unknown cause, discontinued treatment.

On page 245, same *Record*, our lamented friend, C. Dunham, M.D., records a case. This was of some years' standing, and pronounced by several of undoubted authority to be an ovarian tumor and incurable. It was firm and elastic and very painful; the patient could not stand erect nor walk; when the paroxysms of pain came on the only mode of partial relief was by bending forward almost double. From these symptoms Dr. Dunham prescribed Colocynthis^{2c}, to be taken at every paroxysm of pain, and repeated every hour until relieved The paroxysms gradually diminished in frequency and severity till she had recovered sufficiently to walk a long distance. She went to Europe, carrying with her a vial of Coloc.^{2c}, which she continued to take as occasion required. After five years she reported herself to Dr. Dunham, in New York, when no trace of the tumor could be found.

In the same *Record*, 1871, p. 145, a case is reported by Dr. Payr. The left ovary was affected. Bryonia was first prescribed, then Apis finished the cure. No symptoms given.

Another case is recorded, on same page, by Dr. Bojanus. The remedy first administered was Bellad., then Bellad and Natrum sulph., in alternation; finally Kali carb. completed the cure.

Dr Chauvet, of Paris, reports a case, on same page, of an ovarian cyst, in a woman of the laboring class, æt. 22, cured by Rhus.

A remarkable case is reported, on the same page, by William Gallupe, M.D., Bangor, Maine, that he cured with *Podoph. pel* $^{2}_{c}$. The tumor appeared first on the left side, and was as large as a ten-quart pan, filling pretty nearly the entire abdominal cavity. After this had disappeared, some years later, another tumor was developed on the right side. This was also completely cured by the use of *Podoph. pel.* ^{2}c.

The next case is by Dr. Hughes, of London, found in the *British*

Journal of Homœopathy, 1872, p. 793. He states it to be an *undoubted* case of ovarian dropsy, and it was cured by *Kali bromidum* Afterwards the abdomen seemed filled with fluid, but it was entirely removed by *Apocynum*, *Ars.*, and *Apis.*

In Raue's *Annual Record*, 1872, p. 173, a case is recorded by Dr. P. H. Hale. An ovarian tumor as large as the head of a new-born child was cured in several weeks by an infusion of ten or twelve bees, a tablespoonful every four hours.

On page 147, Raue's *Annual Record*, 1873, a case is reported by Charles Sumner, M.D., of New York. His case was so diagnosed by an allopathic physician, and it was also his honest conviction. The tumor was the size of a quart bowl. He continued the use of *Calc. carb.*^{6m} for fifteen months, when there was not a trace of the tumor remaining.

Professor A. E. Small has reported two cases, on p. 173, of the same *Record*. One was very much benefited by Apis, the other satisfactorily treated by *Carbo an.*

In the *North American Journal of Homœopathy*, vol. xxi, p. 553, is a case reported by my friend, A. M. Piersons, M.D., of New York. The tumor was seven inches in length, five inches in breadth, and three inches thick, as nearly as he could estimate. Cured by *Apis mel.*^{40m}

A cure by Dr. Gilchrist is recorded on the same page. Coloc.^{1m} was first administered; a month later, Coloc.^{cm}, and in a few months the patient was perfectly well.

Dr. Dudgeon, England, reports a case of ovarian tumor cured by Graphites^{12m}, in the *British Journal of Homœopathy*, 1873, p. 187.

Mercy B. Jackson, of Boston, reports a case in the *North American Journal of Homœopathy*, vol. xxii, p. 63, in which the general health improved under *Silicea*, and the tumor diminished under *Platinum.*

A case reported by Dr. Praul, on the same page, was very much benefited, if not entirely cured, by *Kreosote.*

Nearly two years ago a lady came to me from the far West, with an ovarian tumor of immense size. The abdomen was so distended that stooping was impossible. She was pronounced by some of the best surgeons and physicians in the West to have ovarian dropsy, and that nothing but the knife would be of service. She came to Philadelphia with the hope of finding better encouragement from our best medical men here, but all pronounced the same verdict as those in the West, until she consulted me. Finding considerable encouragement from my view of the case, she placed herself under my care. She had not much pain, but was restless at night; was worse after midnight; very weak; a little exertion fatigued her greatly. All her symptoms indicated *Arsenicum*, which I gave her in the 40^{m} potency. Improvement was soon manifest, and in this manner: she slept better, was not so restless at night, and felt a little stronger. General improvement continued for several weeks, when she became satisfied that her size was diminishing. This good effect continued for ten months, when she returned home apparently quite well. Until this summer she enjoyed good health, but a few weeks since (August 15th, 1878) she wrote me that her size is again increasing, and she fears a return of the tumor. She is again under treatment, with every hope of perfect success.

August 15th, 1878. I have just discharged a cured case of ovarian dropsy that I commenced treating on July 28th, 1877. The tumor was on the left side, as large as a two-quart measure, producing a constant ache, and sensation as if a ball were lying there. She slept with her arms stretched over her head; is of a leucophlegmatic temperament; menses profuse and too often; her feet felt as if cold, *damp* stockings

were on them. Calc. carb.^{85m} did her great service for several months. Finally her symptoms changed completely; *Sepia*^{55m}, was given, and it has made the cure complete.

Another marked case comes to my mind, which I cured several years ago. The tumor was as large as the head of a new-born child, at full term, situated in the right ovarian region, and was caused by falling over a wash-tub. There was pain at every menstrual period, terribly forcing and bearing down, as though everything would issue at the vulva. This case was cured perfectly and completely after six months, by *Bellad.*, given at every menstrual period.

No doubt I could relate the cure of many other cases of tumor, ovarian as well as others, if I had time for research. Enough, however, has been adduced to prove to any reasonable person that ovarian tumors are curable, and it ought to incite every one who desires to improve the healing art, to make a determined effort in this new departure, before having recourse to the knife. I will relate one other case, and then bring this paper to a close.

On June 15th, 1877, a lady called on me from New Orleans, La. Two years previous she came to Philadelphia and was operated upon by one of our most skilful surgeons, for the purpose of removing an ovarian tumor. The surgeon found the tumor so firmly adherent that he was compelled to desist. The wound was closed, she recovered from the operation, and returned to New Orleans. She then placed herself under my care, with a letter from her physician there, which reads as follows:

"Dear Madam: . . . . I have given you one dose of *Sepia*, in 1876, the balance of the time you were under the influence of *Apis*^{30}. This year I have given you *Arsen.*, and lastly, for striking symptoms, *Nux vom.* Wishing you a pleasant journey, etc."

Whilst in New Orleans, since the operation for removal, paracentesis was performed several times, and large quantities of water drawn off. Present symptoms are, almost constant pains in the abdomen, of a jerking-stitching nature, so severe as to make her cry out. Cannot lie on either side; she feels worse after one o'clock at night, and cannot sleep after that hour. A drawing sore pain running from left hypochondrium to the back; very much flatulence; passes quantities of flatus upwards and downwards, which affords much relief. Cannot walk erect, but stooping and drawn to one side. I at once gave her *Kali carb.*^{cm}. She soon began to improve; her pains greatly diminished, and the flatus gradually ceased. Her general health continued to improve; after awhile the pain entirely left her, her size began to diminish, she could walk perfectly erect, and invariably slept well at night. She now desired to return to her home in New Orleans. I protested, and used every conceivable argument to induce her to remain under my immediate care a few months longer, and so did all her friends. But she feared our approaching winter (this was the latter part of October). She felt so well and so exuberant. She was sure she would get entirely well of her tumor, if I would continue to send her medicine, and home she went. For awhile she continued to improve, but she became worse again, and finally rapidly worse, and passed into the other world.

It is quite necessary that these cases remain under the best medical skill until the tumor has entirely disappeared. Neither is it always sufficient to see a patient once or twice, in order to get a clear understanding of the case; it often requires a vast amount of study to find the proper remedy, and then a change of remedy may be necessary, and the patient

may require a masterly hand to manage her difficult points successfully.

It will be seen from this paper that a great many undoubted cases of ovarian tumors have been cured, and by a diversity of remedies. The number to choose from is unlimited. The whole Materia Medica is to be consulted, and the remedy to be determined by strict individualization. The law of cure, as unfolded and explained in Samuel Hahnemann's *Organon* of the healing art, and in his *Chronic Diseases*, *must be strictly enforced*, in order to obtain the *best* results.

And now, gentlemen, in conclusion: Each of us here present will, sooner or later, meet in our practice cases of ovarian tumor. Do not, as you value human life—as you value the well being of your patient and of humanity in general—as you value the dignity of the art of healing—fly at once to the barbarous knife. Examine the case carefully; inquire diligently into all the details; find out all the symptoms, mental, subjective and objective, and all their modalities, remembering that, in the language of Hahnemann, "for the physician, the totality of the symptoms alone constitutes the disease," and that, "to cure diseases, it is merely requisite to remove the entire symptoms, duly regarding at the same time the fundamental cause and other circumstances." The tumor is not the *cause*, it is only an affect.

Then, having made a complete picture of the case, search patiently for the most similar remedy, apply it as above directed and await the result If you have been true to the above precepts, your labors will be rewarded, and your efforts crowned with a success more to be admired and more useful to the patient, to the profession, and to the community at large, than any number of surgical operations for a similar malady.

1877.

DIETETICS IN RELATION TO INFANTS AND YOUNG CHILDREN.

BY THOMAS MOORE, M.D., GERMANTOWN.

The weekly reports of the fearful mortality of children under two years of age, make it evident that some great fault exists either in medical treatment or hygienic management. We are not willing to admit that the fault so much belongs to the treatment as it does to the matter of hygiene, and I am satisfied that too little importance is attached to the idea of preventing sickness in children, and that attention to this point has not been altogether in the right direction, and consequently has often failed in yielding satisfactory results.

Disease is predicable only of vitality, and is purely dynamic in its nature. Whatever the form it assumes, or whatever the pathological condition or structural alterations it presents, all undoubtedly originate in abnormal action of the life-force.

The state of the system previous to the indications of disease has a decided influence upon the course, severity, and danger of every case of

sickness. And it is the great object of hygienic science to teach us how to maintain a perfect physical condition and preserve a healthy integrity of life-force, in order that the vital energy may thus be able to resist the influence of disease-producing causes. The principal means of effecting this object is proper nutrition of the body.

In this paper I propose to show how infants and young children are often very imperfectly nourished, and that a defective condition of the system is thereby developed, inducing a tendency to disease; and also, with the view of preventing sickness, to suggest some hygienic principles in the proper nourishment of infants, from birth until the completion of primary dentition.

If the law of nature, which demands that the mother shall nurse her own offspring, was faithfully observed, and if all the circumstances and conditions of the nursing mother were such that she could properly fulfil this most important duty, and abundantly supply her infant with the only nourishment that nature herself provides for it, the frightful sum of infant mortality which is now presented would be, no doubt, greatly diminished.

The mother's milk, or that of a wet-nurse, is the only proper nourishment which an infant should receive until the process of dentition is fairly established. It is of the first importance, therefore, that the nurse herself should be in the best condition of health if she would furnish wholesome nourishment to the child, for no infant can possibly thrive upon the milk of a poorly fed, ill-conditioned and unhealthy woman; and every nursing woman should know that through either physical or moral causes, the state of her own health may become so affected as to change the character of her milk. This may be carried to such an extent as to excite immediate sickness in the child, or to produce a defective condition of its system, rendering it peculiariy sensitive to the influence of external disease-producing agents.

While there may be other predisposing causes operating to produce illness in an infant raised exclusively upon the breast, the most probable one must be looked for particularly in the quantity and quality of the milk furnished by the nurse. The fact of such an infant, fed altogether from the breast, becoming affected by the various exciting causes of disease (which are often so obscure as to be entirely conjectural), and which develop diarrhœa, vomiting, or cholera infantum, terminating as they frequently do in hydrocephaloid affections, is to me almost positive evidence that a predisposition had been previously established, the presumptive cause of which will most likely be found in the defective character of the nurse's milk. For it may be taken for granted that a child born of healthy parents, having consequently no hereditary nor acquired predisposition from other causes, if amply supplied with milk from a healthy nurse, ought to, and generally will, resist the effects of most of the ordinary exciting causes of disease, and we may assume that the susceptibility to disease is so slight that it will rarely be developed.

There is no especial regimen required for a nursing woman, except that her diet should consist of a generous and nutritious variety of that kind of food which is best calculated to form and maintain a healthy condition of the system. But by generous and nutritious food is not meant a diet composed mainly or even largely of animal substances. The popular notion that health and strength are best developed and sustained by a large proportion of animal food is, in my opinion, altogether erroneous. Our largest and strongest animals do not obtain their great strength from animal food. And the nursing mother who accepts this idea of the necessity of animal food with the view of improving the health or increas-

ing the strength of herself or of her child, will find out, when perhaps too late, her great mistake. We might reasonably suppose that the milk of a nurse who lived almost exclusively upon animal food would partake somewhat of the character of the carnivora; and yet no one would presume to suggest the absurd idea of feeding a feeble, delicate child upon the milk of a carnivorous animal, with the intention of improving its health or increasing its strength.

A general diet consisting chiefly of a variety of fruits, vegetables, and grain-food is, undoubtedly, the very best and most natural nutriment for a nursing woman; not only to preserve a normal condition of health for herself, but also, as a consequence, to promote the abundant secretion of wholesome milk for her infant.

Women, while nursing, often deprive themselves of certain articles of food, for fear of producing therefrom colic or other hurtful effects in the child. It would be almost useless to attempt to overcome the strong prejudice which exists upon this subject. It frequently leads nurses to habitually abstain from certain vegetables, vegetable acids or acid fruits. There is, however, a much greater danger to be apprehended, both to nurse and child, and that is, that the health of the nurse will become gradually impaired, in consequence of her system being deprived of those articles which are usually wholesome and often very necessary to maintain it in a normal condition. Under these circumstances, in proportion to the existing need and deficiency of vegetables and vegetable acids in the system, there will be developed in the nurse a condition simi ar to that of scurvy. The gums will become tumefied, and the *scorbutic red line* at the edge of the gums around the teeth will soon make its appearance. From a continued increase of this condition of the system—as manifested in the appearance of the gums—the "nursing-sore-mouth" of nursing women would be most undoubtedly developed. Now it is not possible for a woman whose system is in a scorbutic condition to furnish wholesome nourishment to a suckling infant. The nurse's blood is not supplied with the required and proper materials to maintain her own system in a healthy state, nor to secrete nutritious milk for the child, who, being deprived of those necessary substances which are imperatively required for its growth and the healthful development of its system, which it ought to receive through the milk of the nurse, and can obtain from no other source, will suffer from all the consequences of defective nutrition. If actual disease is not thereby immediately developed in the child, there will be at least a defective condition induced, predisposing it to every exciting cause of disease.

We have usually no means of ascertaining the pre-existing condition of this susceptibility in the nursing infant until we are made aware of the fact by the appearance of positive symptoms of sickness, unless we have reason to know that the child has not been receiving the proper nutriment, or that the nurse was incapable of supplying such.

With an experience of thirty years, largely engaged in the treatment of children, many cases confirming these views have come under my observation, one of which I will here state.

An intelligent lady, on a visit from Boston, requested my attendance upon her sick infant. The child was being nourished by a wet-nurse, and had been, until within a few days, apparently in good health. The weather at the time was intensely hot, with cool mornings and evenings. The child was having very frequent evacuations from the bowels, and, with other symptoms of cholera infantum, not necessary to refer to here, was becoming rapidly emaciated. Suspecting the predisposing cause of the sickness to be defective nutrition, I made careful inquiry concerning

the nurse, and although assured that she was quite well and had all the appearance of perfect health, I requested to see her. She was questioned particularly in regard to her diet, and it was ascertained that through fear of producing colic or other derangements of the bowels in the baby, she had abstained almost entirely from vegetables and vegetable acids, and was subsisting upon meat, bread, and tea. The appearance of the nurse's gums indicated the scorbutic condition of her system—the natural consequence of such a diet—the dental margin of the gum surrounding each tooth being distinctly marked with the peculiar *red line of scurvy*. Finding this to be the case, I proposed to the mother, after fully explaining my views and with her consent, to cure the child entirely without medicine, simply by changing the diet of the nurse. The nurse was then ordered a diet of vegetables and vegetable acids, consisting of potatoes, tomatoes, cabbage or cold-slaw, with plenty of ripe fruit; lemonade was given as a drink, with as much bread or other farinaceous food as desired. She was requested to abstain from the use of all animal food, and to continue nursing the child as usual. There was no aggravation of the symptoms of the child from this sudden change of diet in the nurse; on the contrary, a very decided improvement commenced at once, and in a very short time it was entirely well, and continued so as long as this course was pursued. In this case, the cure was effected by acting indirectly upon the child, through the nurse, in the change of diet. The predisposition to disease in the child had been inlaid by the nurse, and the warm weather with the sudden changes of temperature of the cool mornings and evenings, were the most probable exciting causes which developed the sickness.

We may not always be able to so promptly cure such cases without the use of medicine; but even when we are obliged to administer remedies, we can frequently accelerate the recovery by judicious hygienic treatment.

The noted exemption of nursing children from zymotic diseases, especially scarlatina, has lately given rise to the suggestion by Dr. W. H. Burt, of Chicago, in the *American Homœopathist*, vol. i, No. 2, that "a general diet of cow's milk is the true prophylactic for scarlet fever." The fact is, that only those children who are properly nursed by a healthy woman have a general immunity from scarlatina or other zymotic diseases, because the mother's or nurse's milk is their only proper, natural and suitable nourishment; and, as a consequence, being thus efficiently nourished, their systems are enabled to resist the effects of the subtle causes of disease. Cow's milk, in its natural condition, as will be hereafter shown, is not a suitable substitute for the milk of the mother or nurse, and consequently could not enable the nursing infant or older children to resist the exciting causes of scarlatina or other diseases; hence we would have no reason to expect cow's milk to possess any such prophylactic powers, either in scarlet fever or in any other form of disease.

Defective nutrition and its consequences, although very frequently observed in suckling infants, are much more commonly seen in those "brought up by hand." Nature clearly indicates that in the absence of teeth the infant's system is not yet in a condition to receive solid food in any form. And until the eruption of the incisor teeth the organism is not adapted to receive, digest, or assimilate anything except the mother's milk or something analogous to it.

Before the eruption of the incisors, the system of the infant takes but little if any part in the process of metamorphosis of tissue, by which the organic vegetable products of the earth are transformed into the organic animal matter from which the tissues of the body are formed. Consequently farinaceous or other prepared foods of that character which con-

tain nutritive principles quite suitable for children during or after teething, are not appropriate before dentition. The starch contained in farinaceous food, together with the sugar into which the starch is converted in digestion, are in themselves incapable of supporting life for any length of time. Besides the part they are supposed to take as carbonaceous substances, in keeping up the animal temperature, they are known also to contribute to the accumulation of fat in the body. Hence a child fed upon farinaceous food before the period of dentition might have all the appearances of perfect health, and become fat and hearty from the effects of the starch and sugar contained therein, while at the same time it may be actually starving to death, because incapable of converting the gluten, which is the great nitrogenized principle contained in that kind of food, into its own tissue.

Farinaceous food, and all the variety of preparations made of farinaceous substances, while they may be most nutritious and essential to children during or after dentition, are therefore totally unfit for nourishment to infants before that period.

The phosphates and other inorganic matters of the earth, so essential to the growth of the body, the formation of the bones, teeth, etc., although vitalized in passing through the vegetable structure, must be still further modified by the organism of the mother or nurse, or of some of the lower animals, before they can be assimilated by the infant at that period of its existence prior to the eruption of its teeth.

Another very frequent cause producing general enervation of the system and consequently a tendency to disease in children, if not to immediate sickness, is the frequent practice of feeding children deprived of the breast upon undiluted cow's milk as a substitute for that of the mother or wetnurse.

Nature's laws are arbitrary, and any infringement of those laws is followed by a corresponding penalty. Now it would be just as unnatural to expect to raise a calf upon the milk of the human subject, as it is to attempt to bring up a child upon the pure milk of the cow. The milk of the cow was intended for and is perfectly adapted to all the requirements of the growing calf, exactly as the milk of the human mother, and no other kind, is altogether proper and suitable for the nursing child. If the composition of all kinds of milk was chemically, physiologically, and in every other respect precisely the same, and if the proportions of the constituents were alike in all species, there would be no breach of natural law in substituting one kind for another. But we know that the milk of the different species of the mammalia is essentially different in each, varying in its chemical composition and in the proportions of its constituents. Hence, if we observe the requirements of natural law, we cannot with impunity substitute the milk, in its natural condition, of an animal of one species for that of another of a different species.

It must be admitted that occasionally we find children who do apparently thrive upon undiluted cow's milk, but these are exceptions to the general law, for where we see one such case we will find thousands in whom it will produce immediate sickness, or else a susceptibility to disease, which will show itself on exposure to any exciting cause.

The great difference in the composition of cow's milk and that of the human female is in the excess of the caseum (which is the only nitrogenized principle contained in milk) and in the deficiency of the sugar of milk in the former, as compared with the latter.

The following table will show the relative proportions of the constituents of the milk of the woman and of some of the lower animals:

CONSTITUENTS.	MILK OF THE				
	Woman.	Cow.	Goat.	Ewe.	Ass.
Caseum.....	1.52	4.48	4.02	4.50	1.82
Butter.....	3.55	3.13	3.32	4.20	0.11
Sugar of milk.	6.50	4.77	5.28	5.00	6.08
Various salts...	0.45	0.60	0.58	0.68	0.34
Water..... ...	87.98	87.02	86.80	85.62	91.65
	100.00	100.00	100.00	100.00	100.00

The best artificial food for infants is that which will, at least, contain all the *constituents* of the mother's milk in the proper proportions.

In the *British Journal of Homœopathy*, vol. xv, 1857, Mr. H. Turner, chemist, has suggested a method by which cow's milk can be rendered very similar to human milk. He says: "By diluting the milk with water we can lessen the relative proportion of caseum, and by previously dissolving sugar of milk in boiling water in the proper proportions, and diluting fresh cow's milk with it, we accomplish the two objects of lessening the relative quantity of caseum and increasing the relative quantity of sugar of milk at the same time."

Nearly twenty years ago I adopted the above suggestion, and have used the preparation as recommended by Mr. Turner with almost invariable success, not only with my own children when required, but also with hundreds of others, and have had no reason to wish for any better artificial food for young infants before the period of dentition. The formula which I have been in the habit of using, though perhaps not so exact as that given by Mr. Turner, answers for all practical purposes, and the results are all that could be desired. It is as follows: Dissolve a heaping teaspoonful of sugar of milk in half a teacupful of *boiling* water, and add an equal quantity of fresh unskimmed cow's milk. This formula is easily remembered, and can be prepared without inconvenience in a few minutes. These proportions should not be changed as the child increases in age, but it should take a larger quantity of the solution.

In the foregoing table it will be noticed that cow's milk contains about three times more caseum than human milk; and it is chiefly because of this excess of caseum—which infants cannot completely digest—that pure cow's milk is unsuitable for them. They will often throw up the undigested cheese, or pass it through the bowels in hard white lumps. In feeding infants with the preparation of diluted cow's milk and sugar of milk, if the caseum is still not thoroughly digested, and is either vomited or passes through the bowels in an undigested condition, the addition of a little *pulverized gum arabic* to the mixture will prevent the coagulation of the caseum and insure its more complete digestion.

In cases where the mother or the nurse has a deficiency of milk, and the child in consequence requires additional food, this preparation of diluted cow's milk and sugar of milk should always be used for children before dentition, instead of any of the preparations of grain-food. It is a mistaken notion that the two kinds of milk will disagree with the child.

If cow's milk cannot be obtained the next best substitute for human

milk is the "condensed milk." It is usually prepared at first by adding one teaspoonful of condensed milk to twenty-six to twenty-eight teaspoonfuls of *boiling* water, and may be made stronger as the child advances in age.

Too prolonged nursing or feeding with the artificial preparations of cow's milk may induce disease tendencies in the system by depriving the infant of those essential materials furnished by other food, which are required by its increasing age and growth, and which are not contained either in the nurse's milk or in the prepared milk of the cow.

The proper time for weaning cannot always be definitely determined. The age of the child, the condition of its health and that of the nurse, the quantity and quality of her milk, the seasons of the year, and other circumstances are to be considered before this question can be decided. But nature shows by the appearance of the incisor teeth that the system is prepared for combined feeding; that is, we may now begin to give other nutriment besides the exclusive milk diet heretofore used. The various preparations of farinaceous food may at this time be given with great propriety, while the child is still nursing or taking the preparation of cow's milk. The proportion of farinaceous food may be increased as the successive teeth make their appearance. It is well also to change the variety of grain-food occasionally.

Upon the eruption of the molars, which correspond to the well-developed *grinders* of the herbivorous animals, nature shows that the child's system is then in a condition to masticate and digest a greater variety of solid food, especially of more purely vegetable character, and also good ripe fruits. As soon as the child learns to eat such food and thrives upon it, it should certainly be entirely weaned, and the preparations of milk substituted by a variety of more substantial nourishment. Continued nursing after that time would be undoubtedly injurious to the child, by causing it to depend upon the breast instead of more nutritive food.

If solid vegetable matter is found to disagree with the child, which is not usually the case at that time of its life, great advantage may be gained by using instead *strained* vegetable soup. This is prepared by boiling a teaspoonful of rice or barley in a quart of water, with a little salt, to which is added a large potato, a tomato, celery if in season, a grated carrot, and a little parsley for flavor, if not objectionable on account of its medicinal properties. Other suitable vegetables may be used if desired. The vegetables should be finely chopped up before being introduced. After boiling slowly for several hours, the soup must be thoroughly strained through a fine sieve, and all the remaining undissolved matter, consisting chiefly of woody fibre, should be rejected as useless. This preparation should be given to children *only after* the eruption of the molar teeth.

It is invaluable in all cases of sickness, even in after-life, when vegetable food is required but cannot be taken on account of the irritating and indigestible character of the solid vegetable matter. Its great advantage consists in the fact that we thus obtain all the nutritious juices of the vegetables, containing their soluble organic and inorganic constituents, without any of the objectionable parts thereof.

The last, and perhaps the least observed, cause of tendency to disease to which reference will be made, is occasioned by the organism becoming physically defective in consequence of not being supplied with that kind of nutriment which necessitates the operation of the process of metamorphosis of organic matter.

It has been already remarked that before dentition commences the infant takes but little if any part in the great vital operation of nature

through which vegetable material is transformed into living animal matter. At this period of life the infant cannot change those organic products of the earth and assimilate them directly into its own tissues; they must be prepared for it through the intermediate agency of another animal organism.

During the successive eruption of the teeth the system has been undergoing very important physical alterations, and on the appearance of the canine teeth and the remaining molars, which soon follow and thus complete the process of primary dentition, nature indicates that these physical changes are perfected, and that the child is now fully prepared to masticate, digest and assimilate the variety of material required by an independent omnivorous being. In proportion to its natural anatomical and physiological adaptation to live directly upon the organic product of the earth, the child must now take its individual part in transforming such material into the living animal matter of which its own blood and the various tissues of its body are composed.

In the great plan of nature, the inorganic substances of the earth are taken up by the vegetable structure, and by the simple vegetable cell—through the principle of life and the influence of the sun's light—these inorganic substances are converted into vegetable organic matter. In this condition this matter is then appropriated by all animated beings living directly upon that kind of food.

Through the vital process it is by them transformed into the animal matter of their tissues. After being thus changed, this animal matter of their bodies is consumed by the flesh-eating creatures, and by them it is at once converted into blood and enters into the formation of their tissues. In their organisms it undergoes no further progressive change, but, on the contrary, after fulfilling its purposes, is resolved into its original condition of inorganic matter, and in this form is returned to the earth, to again enter the grand round of perpetual change in matter. Carnivorous creatures are nature's scavengers, which consume and dispose of all the surplus and refuse animal matter of the world.

Liebig says: "The excrements of carnivorous animals, excluding the urine, consist entirely of inorganic substances."

From the tiniest to the most gigantic forms of life, subsisting directly upon the organic matter produced by the vegetable world, nature has impressed a general law, upon the requirements of which the existence of each individual of every species depends. It is through this law that matter is thus changed from the vegetable into the animal form of life, and those living creatures, from the smallest to the greatest, belonging to this division of the animal kingdom, alone have the power, through this law, of thus effecting that most wonderful change in the form of matter.

This law manifests itself in that perfection of anatomical structure and physiological harmony of the lower orders of animals living in a state of nature, which insures them that almost universal exemption from disease so remarkable in all undomesticated animals. That general immunity from disease is no doubt due to the effect of this law acting through the unconscious instinct of such animals, directing them in the selection of their appropriate food.

If man was so constituted that he could be governed wholly by instinct, and lived in accordance with natural law, he would probably be as exempt from disease as the undomesticated animals. But, on the contrary, being a rational creature, he is controlled by the power of his will, and gratifies his varying appetites and tastes frequently at the expense of his health, or perhaps even of his life. Besides he is often influenced by

circumstances beyond his control, and thus may unavoidably be led to infringe nature's laws. But whether he errs consciously or not, he nevertheless must suffer the consequences. He undoubtedly belongs to that large division of animals whose existence is sustained by transforming the products of the earth directly into animal matter, and if he fails to take his individual part in this great vital process, and depends upon the lower animals to effect the change, subsisting upon the products thereof, he suffers the penalty of the violation of law, either directly by producing immediate sickness, or indirectly by creating a defective condition of his system which predisposes him to external disease-producing causes.

Every particle of organic material which has undergone the change from its vegetable nature into the animal condition of matter, is an addition to the organizable animal matter of the world. Every atom of this finds its appropriate place and performs its functional part in the animal economy unconsciously, under the direction of organic law. And to the individual being, through whose vital power this change has been effected, there is not only an addition of fresh material for the formation of new tissue and the repair of old, but also an actual development of new life, an increase of vital energy, and generation of strength and force to resist the power of all morbific influences.

Keeping these ideas in view, we have it in our power to obviate the tendency to disease or prevent its actual development by overcoming the susceptibility of the system, through attention to its suitable, required, and natural nourishment. And for this purpose, in considering the question of the diet of children after the completion of dentition, the greatest care should be given to the character, variety, and quantity of the food, so as to insure the constant operation of "the process of metamorphosis," and the fulfilment of the natural law through which the vital process is accomplished.

Notwithstanding the fact that the child is provided with canine teeth, which are analogous to the teeth of the flesh-eating animals—showing its capability of masticating solid animal food—we should remember that such food should not be considered the most important nutriment, but, on the contrary, should form but a very small portion of its diet. For of the thirty-two teeth of the adult human subject, we may observe that only the four canine teeth (or one-eighth of the whole number) resemble in character the teeth of the carnivora May we not, therefore, reasonably infer that the proportion of animal food to the other kinds, consisting of vegetables, fruits, and grains, should be approximately in this ratio?

1877.

PUERPERAL HÆMORRHAGE.

BY THE HOMŒOPATHIC MEDICAL SOCIETY OF ALLEGHENY COUNTY.

HISTORY.

Puerperal hæmorrhage in its various forms is coincident with childbirth. It was early recognized and written upon, especially in those forms arising from abortion and during post-partum.

Abortion is mentioned in the Scriptures; by Hippocrates; by Celsus

in the first century; Galen in the second; Ætius in the fifth; Avicenna in the eleventh; Ambrose Paré in the sixteenth; Rivenius in the seventeenth; La Motte and others in the eighteenth.

There have been recorded what seemed to be epidemics of abortion, viz., in 1685; in 1695, observed by Berthold and Beherens; in 1712 by Genselius; in 1788–9 by Stoll; and in 1832 by Columbat, during the cholera epidemic in Paris.

The earliest treatment was that of bloodletting. This, at first, was recommended as suitable for all cases; then only in plethoric cases; till, finally, it has come to be very generally discarded, Bedford being the only writer of later date to advocate any very frequent use of it. Together with this we had the application of cups or sinapisms between the shoulders. Hippocrates recommended it to be applied to the breasts; Galen underneath the breasts. Leeches, rest, and horizontal position made up the treatment at that time. Next we had astringent injections into vagina; sugar of lead enemata; mild laxatives; Belladonna suppositories; Opium; Nitras potassii; acidulated drinks. Warm manuluvia recommended by Dr. Hoffmann in 1697.

If abortion took place, or there seemed no possibility to prevent it, we had cold injections. This was objected to, as liable to bring on inflammation, but Scanzoni, in 1855, published a report of one hundred cases with favorable results. We had, also, astringents, styptics; peroxy. of iron; mustard baths with rubbings; dry friction; ice in vagina; ether-spray, in use for many years among the Germans; hot water injections of 120° F; Ergot.

Ergoted rye (clavus secalinus, secale luxurians, etc.), called also by the Germans, mother corn and womb grain, was used for many years to hasten labor. It is mentioned in *Acta Naturæ Curiositæ*, 1688, as used by old women and country midwives, from time immemorial.

M. Desgranges published his first researches on its oxytocic properties in the *Gazette de Sante*, 1777.

The mechanical treatment for promoting abortion has been titillation of os, to promote contraction, when the womb failed in action. Dilatation by means of sponge-tents and dilators, where os was not fully opened. Tampon; perforation of liquor amnii. Electricity, advised by Dr. Radford, in 1844. The tampon first suggested by Leroux, of Dijon, in 1776, as a preventive means in abortion. It was also mentioned by Bourgeois, Portal, Hoffmann, and Smellie. First used with astringents, but afterwards Desormeaux contended that its mechanical effects were sufficient. It was in general use at first as a heroic remedy in all stages of abortion. Velpeau, among the first to give warning that it was not the heroic remedy as reported, and must be used cautiously. Later writers advise its use either very early in gestation, or where all chance of saving the fœtus has passed. Perforation of liquor amnii was fully explained by Rigby, in 1775, but had been recommended at an earlier day by Julian, Clement, and Puzos. It was claimed that perforation obviated the necessity of turning, in a majority of cases. Hamilton, Burns, Stewart, and others, opposed the practice.

Compression of aorta has been tried in profuse hæmorrhage. The caution was given to beware of pressing on the vena cava, although Cazeaux believed it to be efficacious in consequence of pressure on the vein. Later observations would imply that it is from aortic compression alone that benefit ensues.

The treatment of hæmorrhage from inertia was to rupture the membrane, without regard to dilatation or pains. This was recommended by Dr. Lee in 1839.

If inertia arose after the birth of the fœtus, English physicians advised placing the child at the breast, administration of Ergot, 15–30 grains, external manipulations. At first we had injections of turpentine, rectified alcohol, spirits of vitriol, but these have generally given way to cold water, citric acid, vinegar, ice moderately.

Secondary hæmorrhage: when plethoric, bleeding was the remedy, together with saline cathartics and abstemious diet. Then we had Ergot, cold injections into rectum, styptics, child to the breast. McClintock used Cann. ind.° in one case with good results. Pressure, followed by permanent compression with body bandage. Oxide of silver, gr. ss. to j, in combination with Opium.

Secondary hæmorrhage is reported as occurring as late as the tenth day.

Transfusion, proposed as far back as 1560. In 1667 first performed on human subject by Denys. In 1669, in consequence of the death of an insane person, while undergoing the operation (although it had been twice performed on the same person successfully), the method fell into disrepute.

Harwood, in 1785, in his thesis on this subject, suggested its adaptability to those cases which are exsanguinated from excessive hæmorrhage. Dr. Blundell, in 1825, revived the whole question, and recommended and practiced transfusion in exsanguinated cases, with the result of saving 46 out of 58 cases, as reported by Professor Martin, of Berlin, in 1860, who remarks that these instances were such as to preclude any hope of success.

Placenta prævia was known to Hippocrates and later physicians; danger realized, but no treatment offered. The case was to take care of itself. The theory of causation was that it had become loosened at the fundus and found a lodgment over an unyielding os. Portal, in 1685, was the first to attempt any management. Daventer, in 1728, called the attention of the profession in Holland to it. In 1730 Gifford published "good reasons to believe that the placenta sometimes adheres to or near the os internum, and that the opening of the os occasions a separation of the bloodvessels, and consequently a flooding." Heister, in 1739, expressed similar opinions, and Levret in 1761. English physicians' attention called to the condition about 1753 by Bracken and Pugh. In 1766 Rœderer, in *Elementa Artis Obstetriciæ*, gives full description of real cause and condition. Rigby, in 1775, and Smellie, in 1779, concurred in it, and since that time it has obtained universal credence.

The treatment has been such as each prominent obstetrician from time to time would recommend; one and all of them proving that exceptions will occur to every good rule. Some have advocated passing directly through the placenta and turning; others to pass by the side if any point was detached, and if not to separate at weakest point; others, again, to evacuate liquor amnii, and by causing descent of child to form a plug thereby, which should prevent hæmorrhage until placenta and child could be expelled, when means should be taken to promote contraction of uterus as after any birth.

In 1690 Mme. Justine Siegemunde, obstetrician to Court of Brandenburg, recommended puncturing membranes in placenta prævia by means of a little hook or wire. She pierced the membranes through the placenta. In 1800 Mr. Chapman, of Ampthill, in Bedfordshire, in detailing a case where the placenta had preceded the child four hours, inquires, "How far does this suggest the practicability of removing the placenta in alarming hæmorrhage, where the placenta is situated over the os or to one side?"

Ramsbotham, Sr., had observed that there is less danger from the entire but natural separation of the placenta than where there is only a partial one, and that the further expulsion of the child may be left to natural means.

The removal of the placenta had been practiced by Guillemeau, Mauriceau, Daventer, Pugh, and others (17th and 18th centuries), where it was largely separated or lay loose in the vagina, but always as a matter of necessity. In 1844 Dr. Simpson (Dr. Radford disputes priority of suggestion, while the truth probably is that they each received the idea if not the fact from Kinder Wood, who practiced it in suitable cases as far back as 1822)* advocated the entire removal of the placenta, as a matter of choice, claiming that the mortality was 1 to 14 in natural separation in advance of child, but that in passing through or turning, it was one in nearly every three. To this it was answered that the forced removal was a very different affair from nature's own work. He afterwards modified his views, and advocated it in those cases where ordinary treatment had or probably would fail.

The subject is not definitely settled yet, and the arguments, pro and con, deserve to be very carefully weighed. About the time of Simpson's advocacy of this theory, or a little before, Hamilton had advanced the theory that the hæmorrhage was due, if not entirely at least to a great extent, to the placental and not maternal vessels. This theory at present is pretty well denied among leading and practical obstetricians.

The medicinal treatment which has been recommended in placenta prævia is the same as has already been enumerated for post partum, and need not be repeated.

The homœopathic treatment of puerperal hæmorrhages has not been mentioned for the reason that it will be more fully and ably given in another paper than I could give it.

The aim has been to give here succinct and condensed accounts of the successive advent of theories and treatment of the various forms of puerperal hæmorrhages.

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" " "	" 19, 235,	Tyler Smith.
" " "	" 19, 246,	Murphy.
" " "	" 26, 310,	"
" " "	" 27, 187,	Winn.
Bitart. of Potash,	" 18, 286,	Silvester.
Opium,	" 13, 338,	Griffin.
Air-bag,	" 22, 269,	Diday.
Turpentine,	" 22, 270,	Griffith.
Emetic Ipecac,	" 37, 206,	Higginbottom.
Oil of Erigeron,	Med. and Surg. Rep., 24, 240.	
Quinine,	" " " 30, 312.	
Tannin,	Braithwaite, 7, 180,	Dunars.
Pressure,	" 13, 340,	Pretty.
Quinia,	Md. So. Pa. (All.), vol. 9, pt. 2.	
General treatment,	Braithwaite, 47, 196,	K. N. McDonald.
" "	" 50, 219,	J. L. Earle.
" "	" 7, 178,	Camps.

Abdominal Hæmorrhage.

	U. S. Md. and Sg. Jr., 8, 237.	L. Pratt.

Accidental Hæmorrhage.

	Braithwaite, 45, 203,	Wilson.
	" 74, 210,	Roper.
General treatment,	" 27, 183.	
Galvanism,	" 37, 208,	Stafford.

Secondary Hæmorrhage.

Puls., Sec., etc.,	Raue's Record, 1874, 245,	Marsden.
General,	Med. and Surg. Rep., 18, 168,	
"	" " " 27, 268,	Bassett.

Internal Hæmorrhage.

Treatment.	Where found.	Authority.
	Braithwaite, 45, 203.	
	" 27, 185,	King.
	Comp., 4, 213,	Dr. Rogers.
General,	Amer. Obs., 13, 415,	Pf. Hennig, Arch. of Gynæcol., 18, 2.
"	Med. and Surg. Rep., 15, 536,	Several authorities.
"	" " " 27, 60.	
	Braithwaite, 17, 238,	Tyler.

Ante-partum Hæmorrhage.

Med. and Surg. Rep., 34, 217.

Hæmorrhage of Retained Placenta.

	Braithwaite, 15, 280,	Cattell.
Mechanical,	Gny. Soc., Boston, 3, 321.	

Hæmorrhage of Diseased Placenta.

Compend., 10, 541.

Hæmorrhage of Fatty Placenta.

Med. and Surg. Rep., 24, 59; 16, 310; 20, 315.

Hæmorrhage of Placenta Retained after Abortion.

Tampon,	Med. and Surg. Rep., 19, 219.	Pearson.

Hæmorrhage of Detached Placenta.

	Med. and Surg. Rep., 23, 455.	
	Med. and Surg. Rep., 34, 241,	Battson.
Barnes's dilators,	Braithwaite, 53, 181,	W. J. Tubbs.

Intermittent Hæmorrhage.

Quinine,	Braithwaite, 8, 167.	
"	Med. and Surg. Rep., 24, 212.	

Hæmorrhage of Placenta Prævia.

Electricity,	Amer. Obs. 11, 176,	Martenucci.
Retention of child,	New Eng. Med. Gaz., 6, 86,	Dr. Berge.
General remarks,	North Amer. Jour., 17, 452,	Lilienthal.
Turning,	N. Y. St. Tr. Hom. So., 9, 611.	
"	Hahn. Monthly, 1874, 151,	Guernsey.
	Raue's Record, 1875, 187,	M. Friese.
"	" " 1875, 187,	Marsden.
"	A. J. H. M. M., 7, 214,	Emil Tietze.

Hæmorrhage of Placenta Prævia.

Treatment.	Where found.	Authority.
Tampon,	Compend., 4, 183.	
Turning,	Ohio Md. and Sg. Jr., 11, 119.	
"	Med. and Surg. Jour., 3, 533.	
	" " " 22, 7.	
Mechanical,	" " " 15, 296.	
	Hahn. Monthly, 9, 251.	
Placenta detached,	A. J. H. M. M., 5, 195.	
Perforation and forceps,	" 5, 199,	M. Preston.
General,	Md. So Pa.(Al.),vol.11, pt.1,	Dr. Davis.
"	" " " " " 9, " 2.	
Perforation,	Amer. Obs., 13, 294,	W. R. Elder.
	N. Y. Jour. Hom., 1, 166,	E. Carlton, Jr.
Hæmostatic balloon,	Med and Surg. Rep., 19, 287,	Chassagny.
Forceps through ruptured placenta,	" " " 20, 365,	Shurlock.
	" " " 20, 335,	Burritt.
Mechanical,	" " " 24, 171.	
Ergot, rupture, and tampon,	" " " 25, 139.	
	" " " 27, 495.	
	" " " 32, 290,	Charpentier.
Turning,	" " " 34, 237.	
General,	N. Y. St. Tr. (Allop), 1865,	Taylor.
Turning,	Ohio M. and Sg. Rp., 11, 119,	Alderson.
	New Eng. Gaz , 11. 457,	Hackett.
General,	Braithwaite, 44, 188,	Barnes.
	" 48, 177,	Murphy.
Removal,	" 48, 178,	Williams.
"	" 11, 193,	Kinder Wood.
"	" 11, 201,	Simpson.
Turning,	" 13, 256,	Lee.
	" 15, 272,	Tallan.
Mechanical,	" 16, 271,	Dr. Lee.
	" 17, 225,	Newnham.
Separating,	" 20, 267.	
	" 24, 294.	
	" 26, 312,	Bland.
Galvanism,	" 28, 260,	Chavasse.
General,	" 34, 225,	Oldham.
"	" 34, 226,	Tyler Smith.
Plug,	" 39, 292,	Stevens.
Trillin,	U. S. Md. and Sg. Jr., 4, 384,	Misick.
	Amer. Jour. Obs., 3, 182,	Fish.
	Western Hom. Obs , 7, 232.	
	Am. Ec. Md. Rv., 7, 76 ; 197,	Reat.
	N. Eng. Med. Gaz , 5, 466,	Wesselhœft.
Turning,	Ohio Md. and Sg. Rp., vol. 3.	Sanders.
	Amer. Hom. Rev., 1, 154,	Kellogg.
	N. Y. St. Hom. Soc., 7, 655,	Paine.
	Med. and Surg. Rep., 14, 347.	
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Abortions, repeated, with convulsions, Ver. vir., Snead, Med. & Surg. Rep., 30, 64.
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T. M. Strong, M.D.

SYMPTOMS, DIAGNOSIS, AND PROGNOSIS.

The appearance of hæmorrhage at whatever period of gestation is always regarded with anxiety, as the life of the mother or child, sometimes of both, are in danger. Hence the importance of the accoucheur's

perfect familiarity with the symptoms, both objective and subjective, by which it may be recognized.

Hæmorrhage may be "*accidental*," or "*unavoidable*," the latter being due only to placenta prævia, while the former is in most cases attributable to a premature separation of a normally situated placenta.

Accidental hæmorrhage may occur at any time during pregnancy or labor, but seldom to an alarming extent, until the latter months; while hæmorrhage from placenta prævia rarely gives rise to any symptoms by which it may be recognized before the last three months of gestation. When the discharge of blood finds its way through the generative organs, it is termed external hæmorrhage; but if it accumulates in the uterus, until serious symptoms supervene before it is recognized, it is designated internal or concealed hæmorrhage. An external hæmorrhage may, by the formation of coagula become a concealed one, and a concealed effusion may often easily be converted into an external one.

In order to avoid the frequent repetition of symptoms, we will first consider the general symptoms as they occur in all varieties of uterine hæmorrhage.

The flooding may come on suddenly, which is the usual manner of its appearance in placenta prævia and after delivery; but from other causes, it is often preceded by premonitory symptoms. Most frequently a sensation of languor or weariness is first complained of; this is followed by a sense of weight and numbness in the pelvic region, in the groin or thighs, increased in the erect posture. The patient complains of her inability to walk or stand erect, because of the increased pain in her abdomen.

These symptoms are aggravated by straining at stool while passing urine, for which there is a frequent desire. The fœtal movements, at first more active, soon become more and more feeble, until they are hardly perceptible or cease altogether. Hæmorrhage may take place in a few hours or several days may intervene, when suddenly the blood may gush forth, or it may be slight, not sufficient to cause alarm. Should the discharge become more active, vertigo, dimness of sight, tinnitus aurium, fainting, pallor of face, frequent and feeble pulse, are manifested. If the flow is not arrested, syncope becomes more frequent, retching and vomiting set in, with sighing and labored respiration; the pallor increases, the pulse becomes weaker, restlessness, chills, and cold sweats take place, convulsions, and death may terminate the suffering.

The most frequent cause of hæmorrhage before delivery, is detached placenta, either partial or complete. If from any cause a separation of a normally situated placenta takes place, more or less blood is necessarily effused from the ruptured uterine placental vessels, which may find its way externally. This at once attracts attention, and is of sufficient diagnostic value to reveal the nature of the accident and the condition of the patient. In the earlier months of pregnancy, an internal discharge may take place and escape detection; but if the effusion has been considerable, the resulting clot will ultimately be the cause of abortion. However this can only be the case in central separation; should the margin become detached, the blood may accumulate if its escape is prevented by the presenting part of the child, or the formation of clots at the internal os, until serious symptoms obtain, or even death occur before the cause is recognized. Should the hæmorrhage be external, the appearance of the blood would be sufficient to confirm the diagnosis, but in concealed hæmorrhage the os may be closed or the escape of it prevented by other causes; we would then in addition to the general and local symptoms already mentioned (except the appearance of the blood), have pain of a

tearing and stretching character, sometimes slight, but more frequently very severe. This pain may be accompanied by a bulging out of the membranes through the internal os, if not through the whole cervical canal, and when the bulging is present it does not seem to be much influenced by uterine contractions; but it is continuous, and has together with the peculiar stretching pain been attributed to distension of the uterus by the retained coagula. If there is a slight discharge, and the constitutional disturbance is greater than the small loss of blood will account for, we may be certain of the existence of occult hæmorrhage. Rapid distension of the uterus is given by some authors as a valuable diagnostic sign, especially in the latter months; while Playfair and others think that the distension will hardly be appreciable toward the end of utero-gestation, unless the amount of effusion is very great.

The prognosis will necessarily vary according to the period of gestation in which hæmorrhage occurs, and whether external or concealed. External hæmorrhage is not so unfavorable as the concealed; the former being generally early recognized, treatment is resorted to at once; while concealed hæmorrhage may not be recognized until the life of the mother and child are in great danger. In Goodell's collections of 106 cases, 54 mothers died, while the mortality of the children was still greater, only 6 out of 107 being born alive. If the hæmorrhage occurs in the early months of gestation to a considerable extent, abortion will almost invariably follow; the nearer the close of pregnancy the better are the chances for the child surviving a premature delivery, but if the hæmorrhage is concealed the danger will be greater, both as to mother and child. Cazeaux considers hæmorrhage occurring in the seventh and eighth months of greater danger than in the ninth month. His statistics of 137 occurring in the seventh and eighth months, 38 were fatal; while of 78 occurring in the ninth month, 16 only were fatal. The danger is also greater in a primipara, than in one who has previously borne children.

Placenta prævia rarely gives rise to hæmorrhage before the last three months of gestation. The first symptoms which cause suspicion of this abnormal situation of the placenta is the sudden occurrence of hæmorrhage without any known cause, and this may take place while the patient is sitting or even sleeping, and is awakened only to find herself in a pool of blood. Generally the first attack of hæmorrhage is slight, but each subsequent attack is more and more profuse. The intervals between each attack may be several days or weeks, but the more frequently it occurs, the shorter the intervals. Should the first attack come on in the sixth month of pregnancy, it is not apt to be as profuse as when it first occurs in the eighth or ninth months. At this period it may be so sudden and profuse as to endanger the patient's life in a few moments. An examination per vaginam should be made in all cases of uterine hæmorrhage; it is only by this means that we can ascertain the situation of the placenta. If the placenta is situated over the internal os, the lower part of the uterus is unusually large, thicker, and softer; ballottement cannot be made out; especially is this apt to be the case in central implantation. If the os is sufficiently dilated to admit the finger, which it generally is if the hæmorrhage has continued for any length of time, the placenta can be felt. If the presenting part be thick and spongy, and the finger unable to reach the margin easily it is likely to be a central implantation; but if the border only covers part of the os, and the membrane occupy the other part, it is lateral. Generally these points can be ascertained without much difficulty. It is only before the ninth month that the os is sometimes found high up, and in order to make a thorough exploration of the parts,

it may be necessary to introduce the whole hand into the vagina before a satisfactory examination can be made. To not mistake the placenta for a large coagulum, which sometimes forms in the internal os, we should bear in mind the soft, spongy consistency of the former, and the friable character of the latter. Should any doubt remain as to the accuracy of the diagnosis, auscultation should be resorted to, and if the placenta bruit is found over the lower part of the womb, we may be sure of the existence of placenta prævia.

Some difference of opinion prevails among authors in regard to the source of the hæmorrhage, and manner in which its discharge takes place. Sir Jams Y. Simpson believed that the source of hæmorrhage was directly from the detached portions of the placenta, the blood passing into this part from the still adherent portion. This theory was based on the fact, that when the whole placenta was separated the hæmorrhage ceased. Hæmorrhage will generally cease in cases of placenta prævia when the placenta is completely detached or expelled before the child, but the views of Dr. Simpson and others are not sustained by more recent investigations. It is now admitted by most writers, that the cessation of hæmorrhage is directly due to the contractions of the uterus. Contractions are the great hæmostatic, and are not the cause of all the hæmorrhage, as has been stated by some authors. For instance, one author gives as a diagnostic sign, "that in placenta prævia the flow occurs during the pain which expands the os uteri." Now it is evident that he attributes the flow to its contractions, which is true enough, but its flow does not take place because of the *expansion of the os uteri;* it is due directly to the contractions expelling the accumulated blood which oozed from the torn utero-placental vessels during the intervals of its contraction. There is no doubt that contractions do to a certain extent increase the hæmorrhage, by detaching more of the placenta each time, but at the same time they constrict the vessels from which the blood escapes, and the flow is thereby diminished.

The prognosis will vary, according to the period of gestation in which the hæmorrhage occurs and the treatment adopted.

In Sir James Y. Simpson's collection of 399 cases, 134 proved fatal, or nearly 33½ per cent. Churchill estimates the mortality as 1 in 3, and Read 1 in 4½. Barnes seems to have been much more successful, his record showing a mortality of 1 in 10⅔. Wielolyeky claims to have not lost one mother in a large number of cases treated by him, nor one child that was not already dead before he saw the patient, or when labor occurred before the child had arrived at a viable age. Under the most favorable circumstances the life of the mother must always be considered in danger. The estimates from different authorities show the fearful mortality among children to be fully 50 per cent.

Post-Partum Hœmorrhage.

This is one of the most dreaded complications of parturition, because of its frequently unexpected occurrence and the rapidity with which it may prove fatal. It occurs more frequently than any other form of hæmorrhage connected with delivery. It is believed to be more common in the upper ranks of society, and especially in the southern countries.

There are no definite symptoms or signs which may be regarded as premonitory indications of hæmorrhage. The pulse is looked upon as a valuable sign, but often it is about normal, and yet hæmorrhage soon followed. If it beat 100 or more a quarter of an hour after the birth of the child, hæmorrhage not unfequently follows. (Playfair.) This is more likely to be true if the labor has been tedious, and the patient much ex-

hausted, or in the case of multiple birth, and when the uterus was unusually distended with amniotic fluid. It may also follow a "precipitate labor," which has been either spontaneous or by the use of the forceps. There is another condition of the pulse mentioned by some author whose name I am unable to recall, and that is an unusual slowness, which is frequently followed by hæmorrhage. Moreau considers "the want of horripilations and chills and a warm skin" as sure signs of impending hæmorrhage. He also gives as an infallible sign an acrid and dry heat of the hands and soles of the feet, resembling that of hectic fever, or that which accompanies the last stage of phthisis.

Hæmorrhage may immediately follow the birth of the child, even before the expulsion of the placenta, but the most alarming flooding generally occurs some time after the third stage of labor, and when we believe the patient to be in the most favorable condition. The uterus, which was firmly contracted, has again relaxed, and the blood suddenly gushes forth, soon bringing the patient in a state of collapse; or the blood flows slowly, steadily increasing until other symptoms are manifested that cause alarm. There is a certain form of hæmorrhage in which the uterus is firmly contracted, and yet the loss of blood continues. This was supposed to depend upon a peculiarity of the blood, but recently it was thought by some authorities to be due to a want of *thrombosis* in the uterine sinuses; there was no explanation for this want of thrombosis. In the worst cases, the first symptoms to attract attention may be altogether objective. The patient becomes pale, restless, and faint; the respiration embarrassed, frequent sighing, perhaps retching and vomiting; the pulse frequent and feeble, or almost imperceptible. She may complain of heat in the abdomen, of dimness of vision, and not unfrequently the power of speech is lost. If the hæmorrhage continue unabated, the skin becomes cold and clammy, the syncope more frequent and persistent, convulsions may supervene, and death close the scene.

If hæmorrhage precedes the expulsion of the placenta, adherent or retained placenta or hour-glass contraction may be the cause, the retention being due either to inertia or irregular contractions.

The diagnosis usually presents no difficulty. With the above mentioned symptoms we may find the womb large and flabby, instead of a small hard globular body. If the hæmorrhage is concealed the uterus may rise above the umbilicus. If simple retention of the placenta is the cause, its removal may be all that is necessary. Hour-glass contraction is easily ascertained by introducing the hand, keeping the umbilical cord as the guide. If the placenta is abnormally adherent there will be no hæmorrhage so long as its adhesion is complete, but if only partial, hæmorrhage soon follows the expulsion of the child. There are no symptoms by which the existence of adherent placenta can be known, previous to the introduction of the hand.

The prognosis of post-partum hæmorrhage is not so dangerous as the symptoms would frequently indicate. Often the powers of life seem to hang upon a mere thread, when the hæmorrhage ceases, and recovery takes place. The remote effects on the constitution may last for many months; and the immediate effect on lactation is to destroy it for the time being if the loss of blood has been any ways excessive.

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TREATMENT.

Medicinal Treatment.—In cases of threatened *abortion*, should the physician be called before too much blood has been lost or before the os uteri is too much dilated, the hæmorrhage may frequently be checked, and the

patient go on to full time. In ante and post partum hæmorrhage the early choice of a proper remedy may save the strength and even the life of a patient. The choice of a remedy will be made from as many symptoms as the physician can obtain under the circumstances of the case; they may be objective entirely, or subjective as well as objective. Of course the history of the patient and her constitutional peculiarities will be inquired into if not already known.

The indications for the use of the remedies have been obtained principally from the following works:

The *Encyclopedia of Pure Materia Medica*, T. F. Allen, M.D.
Jahr's *Symptomen Codex* (German), 1843.
Hale's *New Remedies*, second edition, 1866.
Guernsey's *Obstetrics*, second edition.
Bœhr's *Therapeutics* (German), 1862.
Transactions of the American Institute of Homœopathy for several years.
Lectures on the Diseases of Women, Ludlam, second edition.
Hering's *Condensed Materia Medica*, 1877.
Ringer's *Therapeutics*.

Without any attempt at careful scientific grouping, the remedies are arranged as nearly as possible in the order of their importance, as ascertained by clinical experience, and of their relations to each other as indicated by the symptoms. Some remedies are so general in their effects, that on all sides they touch other remedies; any attempt to group these might be considered faulty.

Arnica.—If abortion threatens and the symptoms are the result of a blow, fall or mechanical injury, or if there is tenderness of the abdomen, general soreness of the muscular system, especially if there is tardiness of mental action, and appearance of suffering without realization of the same. The blood bright red or mixed with clots, *Arnica* will be the remedy. It is also useful in active hæmorrhage, either ante or post partum, with violent pains.

Cinnamomum.—Is already celebrated in the allopathic and eclectic schools. It would seem to be similar in some respects to Arnica, in others to Crocus. The only proving we have, which is accidental, is given in Allen's *Encyclopedia*: "The tea produced in a child, three years old, hæmorrhage of the bowels and epistaxis, which came on especially after physical exertion; even running across the room would bring on the hæmorrhage. The blood was bright and clear." Dr. Guernsey's indications are: "After a false step or a strain in the loins, the chief symptom is a profuse flow of blood."

Hamamelis.—"In uterine hæmorrhage occurring at any time, where the flow is steady and slow, the blood dark-colored with no uterine pains." (Guernsey.) Ringer says: "It is chiefly employed in hæmorrhage, being most serviceable in passive hæmorrhage." Afterwards, "I have found it useful in checking that slight oozing of blood sometimes following a confinement, and which may go on for weeks." The pathogenetic symptoms, however, rather indicate active hæmorrhage. They are: "**Active uterine hæmorrhage*, which alarmed her very much, but which ceased a few hours after taking the medicine. **She had been flowing considerably for twenty-four hours, and had lost over a quart of blood, bright and fresh, not coagulable*, unlike her catamenial blood discharge, which was dark and coagulated, generally (after two days); this happened midway between two menstrual periods. The hæmorrhage ceased in a few hours." (Allen's *Encycl.*)

Millefolium.—In former years this remedy was much used in all forms of hæmorrhage, but of late has been much neglected. Dr. Sherrill, of

New York, in his *Family Physician*, fourth edition, 1860, recommends *Millef.*, *Hamam.*, *Ipec.*, *Sepia*, and *Cinnamon* θ, as the most useful remedies in post-partum flooding. He gives indications for the use of the remedy under menorrhagia, viz., "Discharge excessive, with pain like labor, dark-colored or bright-red clots or offensive fetor." No uterine symptoms except leucorrhœa given in Jahr, though there is hæmorrhage from other organs.

Since writing the above an examination of the symptoms, and general observations on the use of *Millef.* in Hering's *Amer. Arznie Prufungen*, shows it to be a remedy nearly allied to Arnica and China. Has been successfully used in metrorrhagia after abortion; in metrorrhagia after unusual exertion; in metrorrhagia either of the non-pregnant or pregnant state, either after confinement or abortion. For other symptoms of *Millef.* the reader is referred to Hering's *Amer. Arznie Prufungen*, and Hering's *Condensed Materia Medica*, 1877.

Sabina.—Suitable in abortion, if the patient is one who has aborted in the third to fifth month, or who has been subject to profuse and anticipating menstruation, or if the flow has been preceded for some time by laborlike drawing in the abdomen, sensitiveness of the same to pressure, exalted sexual desire, and increased secretion of mucus in the vagina. The hæmorrhage is copious, accompanied by pains, drawing from the sacrum to pubis; the excreted blood is clear red and fluid, or coagulated into firm clots. The Sabina hæmorrhage may be said to be consequent on a congested condition of the uterus and abdomen. When the same condition exists it will be suitable to ante and post partum hæmorrhage as well as to that of abortion. It has frequently been used with success in preventing abortion, although considerable hæmorrhage may have occurred. Sabina is suitable to subjects of a lively temperament, and rather a vigorous, healthy constitution.

Aletris Farinosa.—Indications, mostly clinical symptoms, in Hale's *New Remedies*, are: "Colic in the hypogastrium; pressure in the region of the uterus; laborlike pains at the time of the menses; weight in the uterine region; premature and profuse menses; abortion." It has been used and is recommended by Guernsey as well as Hale, in cases where there is *a habitual tendency to abort*, with a sensation of weight in the uterine region, with vomitings, nausea, colic, etc. Dr. Hale recommends it also in ailments coming on after abortion: "In cases of debility, general or local, arising from protracted illness, loss of fluids, defective nutrition," etc. Where there is "loss of tone in the whole or any part of the muscular system, loss of appetite, *myalgia*, passive hæmorrhages, and that tendency to abort" spoken of above, and where "China, Phos. ac., or Ferrum, do not act as expected," Aletris will generally afford speedy relief.

There are no statements as to the appearance, color, etc., of the blood, nor any, that I have seen, as to the use of the remedy in ante or post partum hæmorrhage.

Sepia.—This remedy is said by *Baehr* to be worthy of all consideration for abortion, but seldom indicated in menorrhagia itself. It is certainly one of our most important remedies for the prevention of abortion. While *Sabina* is particularly suited to plethoric, lively, sanguine and robust constitutions, *Sepia* corresponds to those where a rapid circulation of the blood is joined with irritability of the nerves, in which the foundation for the tendency to abort so often lies, and which is so frequently combined with stagnation of the abdominal circulation. Thus *Reisig* recommends it for abortion in the fifth to the seventh month when symptoms of abdominal plethora exist, and *Kallenbach* details several cases with the following symptoms, in which the remedy proved its efficacy, viz.: "Ful-

ness and pressure of the blood to the head and chest; feeling of heaviness in the abdomen; swelling of the hæmorrhoidal vessels; irritability; tendency to faint. The motions of the fœtus became constantly weaker and altogether ceased, and abortion threatened, probably caused by apoplexy of the fœtus in consequence of uterine congestion."

Dr. Guernsey gives similar indications, and says under article *Abortion:* "This sense of weight (in the anus) like a heavy ball, when well marked, is almost an unfailing symptom, and is almost always present when Sepia is indicated." He recommends it also for "chronic metrorrhagia, with icy-cold feet and flushes of heat, sense of emptiness in stomach, constipation," etc.

Lycopodium.—"The menses, which had ceased only two days, reappear; menses too early, two, four, and fourteen days; menses too long and too profuse. °Discharge of flatus from the vagina. °Disposition to *abortion*, with varicose veins of the pudenda" (*Symptomen Codex*, Jahr.)

"Hæmorrhage, with cutting pain across the abdomen from right to left. Great fermentation in the abdomen and discharge of much flatus; sensation as if 'full up to the throat.'" "Intolerable pain in the back before passing water, with almost entire relief as soon as the urine flows. The motion of the child is excessive and tumultuous (contrary with Sepia); red sand in the urine; feeling of dryness of the vagina; borborygmus; weeping; sadness; leucorrhœa; faintness; itching about the vulva." (Guernsey.)

"*Lycopodium* also is recommended for the tendency to abort, but has not been so frequently substantiated in practice as *Sepia*. It is suitable particularly for weakly, reduced individuals, who suffer from deficient digestion, chronic catarrh of stomach and bowels, also with obstinate leucorrhœa, with all the symptoms of venous fulness in the extremities and abdomen, as varices of the lower extremities and genital organs, piles, liver disease, engorgement of the spleen. Such symptoms rarely occur with young women, and *Lycop.* is, therefore, appropriate only for women past the thirty-fifth year, but the remedy is particularly useful for hæmorrhages of the climacteric under the circumstances just indicated." (Bæhr.)

Secale cornutum.—Hæmorrhage, with little or no pain. Blood very dark and uncoagulated, sometimes fetid. The pains are either feeble or absent, or violent and spasmodic, causing continuous contractions. The blood flows in a steady stream. The patient is extremely prostrated, with palpitation of the heart, intermittent pulse, fainting, convulsive movements. Coldness of the skin, but dislike to being covered. It will sometimes be found that *Secale* becomes indicated in the progress of cases which have *begun* in a congestive state, also in the later periods of confinement, thus in secondary post-partum hæmorrhage. It is particularly suitable to anæmic, thin, feeble women. The hæmorrhage seems to depend in many cases on atony of the uterus or death of the fœtus.

Ustilago maidis.—Has been used in cases similar to those in which Secale is indicated. The fungus which produces the smut of rye and that which produces it on corn are probably the same. The active principle, at least, is the same as Secalin or Propylamia; has been found in both. There is a case of menorrhagia reported cured by Ustilago in *Trans. of Am. Inst of Hom.* for 1872, by Dr. Baemeister. Sabina 1ˣ had relieved but did not cure. Ustilago 3d trit., every evening, cured, at least there was no return for six months. The blood was dark, flow abundant, painless, worse from motion, lasted 10 to 14 days at a time. The lady was aged 34, tall, dark-complexioned, and had suffered with the complaint several years.

Trillium pendulum.—The knowledge of this remedy is entirely clinical,

as far as I can discover, but, judging from its curative action, it ought to occupy a distinguished place with such remedies as Secale, Sabina, Ipecac., Erigeron, etc.

It has cured epistaxis, hæmoptysis, hæmaturia, and metrorrhagia.

The symptoms cured collected from the cases in Hale's *New Remedies* are as follows:

Case 1.—Mrs. G. Hæmorrhage in abortion at third month. Patient attacked, at 6 A.M., with bloody discharge, pain in the back, nausea, occasional chills. At 9 A.M., flooding increased and patient fainted. The pains ceased; os uteri dilated about an inch, but tense; great loss of blood. After two tablespoonfuls of strong infusion of Trillium root every ten minutes, the bleeding greatly diminished in half an hour. Hæmorrhage entirely ceased in two hours; pain returned the following night and the fœtus was expelled with very trifling loss of blood.

Case 2.—Mrs. S. Ante-partum hæmorrhage; os uteri dilated to size of half-dollar; *no pains;* flooding excessive. Trillium administered as above; in one hour hæmorrhage had ceased. In four hours labor pains came on and the woman was delivered of twins with no more than the usual amount of hæmorrhage.

Case 3.—Mrs. M. Slight uterine hæmorrhage, for 2 or 3 days in third month. At 8 P M. third day sudden and excessive flooding. Fainting fits; so alarming and prostrated that the physician could not give the remedy as fast as he desired, and greatly feared he would lose his patient; but in about 3 hours she had taken an infusion made of about 3 drachms of the bruised root of Trillium, and the hæmorrhage was perfectly controlled. Thirty-six hours afterward, pains came on and the fœtus was expelled without further trouble.

Dr. Coe says: "In the treatment of vaginal and uterine leucorrhœa of an atonic character the Trillium will be found one of the most reliable remedies. In fetid discharges from the vagina and uterus, it may be employed in the form of injection. . . . It has the power to restrain profuse lochial discharges. . . . In engorgements of the cervix uteri, chronic vaginitis, passive hæmorrhages of the uterus, it is an efficient remedy." Dr. Hale corroborates the above, and asserts, moreover, that he has cured the same conditions with the 1st and 3d decimal triturations. Dr. Chamberlain, of New Hampshire, recommends the "*Trillium* in cases of uterine hæmorrhage and profuse flooding after confinement."

In four cases given by Dr. Hale, from his own practice, of menorrhagia, metrorrhagia at change of life and after abortion, the hæmorrhage was profuse in all: "blood pale" in one case; "thick, dark, clotted," in another; "pale, watery, only slightly tinged with blood, but very profuse, and accompanied by prostration, vertigo, dimness of sight, palpitation of the heart, and a painful sense of sinking at the pit of the stomach," in another. In the case of abortion the blood "was dark, serous, and accompanied by pain in the back, dragging in the loins, and soreness in the hypogastric region."

Dr. J. C. Peterson, of Waterloo, N.Y, gives some details of three cases, but without any characteristic symptoms. His third case, one of post-partum hæmorrhage, corroborates the statement of Guernsey, that "it is suitable for women who invariably flood after parturition." This was her third labor, and the hæmorrhage came on immediately after the birth of the child. *Trillium pend*, one drop every 5 minutes, arrested the flooding immediately. The hæmorrhage in her two previous confinements had been almost fatal. Dr. Peterson says further: "In short, without citing other cases, I will say, that I know of no remedy in the Materia Medica

that so certainly controls active uterine hæmorrhage. It excels Sabina, Secale, Hamamelis, Cinnamon , and all external applications."

I have given so much space to this remedy because it seems to be one of the most important for the treatment of the most dangerous form of hæmorrhage, viz., post-partum. It probably requires only careful proving to show its homœopathicity to the conditions cured, and also to give more precise indications for its use.

Ipecacuanha.—This remedy, although one of those most frequently used in uterine hæmorrhage, has few pathogenetic symptoms recorded ; they are as follows: "Cutting about the umbilicus as if menstruation would appear, with chilliness and coldness of the body, while heat mounts to the head (after 2 hours). Pressing and dragging towards the uterus and anus. A show of the menses 14 days before their time. The bloody discharge towards the close of menstruation was suppressed." To the last symptom there is the following note by Hahnemann: "From the secondary or antagonistic reaction of the system: **For the primary action of Ipecac. causes bloody discharges from all the orifices of the body and especially brings on menstruation;* hence it homœopathically cures such conditions as these when the other symptoms of the patient correspond to those of Ipecac."

The symptoms for which Ipecac. is recommended by Guernsey are the following: "Constant flow of bright-red blood, with cutting about the umbilicus; constant nausea and vomiting. The woman feels cold and is very pale; complains of dizziness and headache. *Very* frequently used after parturition or miscarriage."

The mental condition in connection with the gastric symptoms, oppression of breathing and sighing respiration, will be a further guide to the remedy. These from the primary effects of the drug are: "Ill-humored, quiet, morose, extremely impatient. Is averse to everything, easily angered and as easily appeased."

Crocus.—This remedy seems to be much better suited to post-partum hæmorrhage than to that before, during, or after abortion, as might be concluded from the appearance of the blood discharged from the nose during provings, and also from that discharged from the uterus in cases cured by it.

The blood is tenacious, thick and black, and in cases of epistaxis, "with cold sweat on the forehead in large drops." The symptoms following are from Allen's *Encyclopedia:* "Fatal hæmorrhage of the uterus, especially after parturition. *METRORRHAGIA ON THE SLIGHTEST MOVEMENT. **Sensation as if menstruation would appear, with colic and pressing toward the genitals.*"

Besides the color and consistence of the blood, the disposition of the patient and the concomitant symptoms will guide to its selection. . These are: Changeable moods, from sad to lively and the reverse. An irresistible inclination to laugh and sing. Excessive gayety bordering on delirium, paleness of face, headache, obscuration of vision. Irresistible inclination to joke and laugh, with great prostration and great dilatation of the pupils; also the symptom which we have all heard from our medical infancy, sensation of motion or bounding in the abdomen as of something alive. This symptom, though at first sight it would appear to depend on movements of flatus in the abdomen, on further investigation of the symptoms seems to be spasmodic movements of the intestines and of other muscular parts, similar to the twitching of the muscles of the face, to which some persons are subject. This is indicated by the following symptom: *"SENSATION AS OF SOMETHING LIVING AND JUMPING ABOUT

IN THE PIT OF THE STOMACH, ABDOMEN, ARMS, AND OTHER PARTS OF THE BODY."

Chamomilla.—Dr. Guernsey gives the following indications: "Metrorrhagia of dark, coagulated blood, with tearing pains in the legs and violent labor-pains in the uterus. Hæmorrhage of dark blood, with pressure towards the uterus and frequent discharge of colorless urine. Great irascibility." To this may be added that Dr. H. H. Hofmann cured three cases of very dangerous post-partum hæmorrhage with *Cham.* The peculiar symptoms of each was that "the uterus outside the abdomen was felt to be contracted into little knots or bunches about the size of a walnut." The symptoms which first led to prescribing *Cham.* in these cases was "the redness of one cheek (the left) and paleness of the other." The dilutions used were from the sixth to the twelfth.

Coffea.—Hahnemann, in his *Lesser Writings,* gives a case cured by strong coffee, as follows: "Intolerable after-pains and a great loss of blood; she cried for coffee, although when well she could scarcely endure it. Her hæmorrhage resulted from atony of the womb, and this from diminished irritability of its fibres, and the specific remedy for this was *Coffee.* A few cups of very strong coffee were given to her and the hæmorrhage and pains ceased suddenly." (See page 291, vol. iv, *Phila. Journal of Homœopathy.*)

Dr. Guernsey gives the following indications: "Hæmorrhage, with excessive sensitiveness of the organs and voluptuous itching; she would like to scratch, but there is too great sensibility."

China officinalis.—(See Guernsey's *Obstetrics.*) Hæmorrhage from the abuse of Chamomilla. Hæmorrhage from atony of the uterus. Discharge of clots of dark blood. Uterine spasms. Desire to urinate. Colic. Also after miscarriage or labor, or at any other time when there has been much loss of blood. Coldness and blueness of the skin. Twitching and jerking of single muscles. Heaviness of the head; ringing in the ears; loss of sight, and fainting. In the most desperate cases of this type China will be found of very great service. For the treatment of the weakness remaining after hæmorrhage, China, Aletris, Ferrum, and Phos. acid will be the principal remedies.

Ferrum.—"Abortion, menstrual flow amounting to menorrhagia, and lasting six days; considerable discharge of pale blood, obliging her to keep perfectly still, as the least movement increased it prodigiously." *"*Metrorrhagia, °particularly with strong excitement of the circulation,* fiery red face, and copious discharge of sometimes fluid, sometimes black clotted blood, with labor-pains in the abdomen and back." "Ringing in the ears. **Flushed face, with burning cheeks. Cadaverous, jaundiced complexion.* . . . Heat in the face, particularly the right cheek. . . **Pale lips.* Lips dry and pale. Sensation in the face as if swollen and bloated." (See Jahr and Allen.)

Dr Neidhard has cured several cases of uterine hæmorrhage persisting after miscarriage, which had resisted other remedies apparently indicated, by giving the Muriated tincture of iron, several drops at a dose, in water, every one, two, or three hours

Belladonna.—(See Allen's *Encyclopedia.*) *BADLY SMELLING HÆMORRHAGE FROM THE UTERUS. Metrorrhagia of light clotted blood. *(Metrorrhagia, the blood having a bad smell.) *A VIOLENT PRESSING AND URGING TOWARDS THE SEXUAL ORGANS, AS IF EVERYTHING WOULD FALL OUT THERE. MENSES TOO EARLY AND VERY PROFUSE, OF THICK, DECOMPOSED, DARK-RED BLOOD. (Produced, also cured by fifteenth dilution.)

The face is either pale or very red, or becomes suddenly pale, or red,

with staring eyes, dilated pupils, throbbing of the carotids, violent throbbing headache. There is either extreme loquacity or the opposite, and vertigo, even while lying. Extreme sensitiveness to noise, odors, and movements, or extreme stupor. Desire to escape, to uncover the person, etc. Violent delirium.

Stramonium.—From *American Journal of Homœopathic Materia Medica.* Threatened abortion, with unceasing loquacity.

Metrorrhagia, with unceasing loquacity, singing, praying, etc. Abnormal sexual excitement.

Hyoscyamus.—"Hæmorrhage after accouchement, miscarriage, or at any time when there are general spasms of the whole body, interrupted by jerks or twitchings of single limbs, the bright-red blood continuing to flow all the time." (Guernsey.)

The great difference between this remedy and *Belladonna* seems to be that the pains of *Belladonna* are more violent and congestive. The moral and mental symptoms are very similar, but the delirium of *Hyoscyamus* is in general more mild than that of *Belladonna*, the patients more restless, more talkative, more sleepless, and remain for a much longer period in that state before stupor comes on. There is more carphologia and foolish laughter, gestures and actions, great vivacity, constant unintelligible chattering. When the patients become violent the rage is furious, and they endeavor to harm others, to strike, bite, and kill, more than with Belladonna. Despair and jealousy are also more characteristic of *Hyoscyamus* than *Belladonna.*

Lilium tigrinum.—Symptoms of ovarian and uterine troubles (ovaries distinctly defined to her sensation), with excessive sexual excitement. Discharge of bright-red blood from vagina (first time in two years), with dull, heavy pain and great weakness in the small of the back and loins, continued four following days (after twenty-four days). Miss A., æt. 42, in good health. *GREAT BEARING DOWN IN THE UTERINE REGION, AND A FEELING WHEN ON FEET AS IF THE WHOLE PELVIC CONTENTS WOULD ISSUE THROUGH THE VAGINA, IF NOT PREVENTED BY PRESSURE UPWARD WITH THE HAND AT THE VULVA, OR BY SITTING DOWN (twenty-ninth day).

*PRESSURE ON THE RECTUM AND BLADDER (in women).

*DEPRESSION OF SPIRITS; *constant inclination to weep, with fearfulness and apprehension of suffering from some terrible internal disease already seated* (very marked, two female provers, after forty-three days).

Desire to hit, swear, damn, and to think and speak obscene things. As these feelings came, the uterine pains passed away (forty-third day); see Allen's *Encyclopedia.*

Erigeron Canadense.—Uterine hæmorrhage, with violent irritation of the rectum and bladder; *abortion*, with profuse hæmorrhage, diarrhœa, and dysuria (from very large doses), scanty menses.

In the *Transactions of American Institute* for 1874, a case is detailed by Dr. Mercy B. Jackson of extreme menorrhagia at the critical age, cured by Erigeron c., 6th dil. The symptoms which led to the choice of this remedy were "irritation of the rectum, tenesmus of the bladder, and diarrhœa."

Dr. C H. Lee reports a case of menorrhagia with fainting, cured by Erigeron.

For further information, see Hale's *New Remedies*, second edition.

Dr. Hale regards Erigeron as a near analogue of Sabina, Cantharis, Cann. sat, Copaiba, and Turpentine.

Cantharis.—"Uterine hæmorrhage, with great irritation in the neck

of the bladder; urinating often, smarting, burning, and cutting in passing only a few drops." (Guernsey; see also Allen.)

Aloe socotrina.—This remedy has produced hæmorrhage from the nose, bowels, bladder, and uterus. The symptoms are similar to those of Erigeron, but the distinguishing characteristic of Aloe seems to be more that of pressure—like a plug—in the rectum, with weakness of the sphincter of the anus rather than of irritation. There is simultaneous *urgency to stool with the passage of urine.* There is urgency to stool many times a day, but only hot flatus passes off, with great relief; but it soon returns, WITH A SENSATION AS OF A PLUG WEDGED IN BETWEEN THE SYMPHYSIS PUBIS AND OS COCCYGIS. Sensation of heaviness in the pelvis. The most notable symptoms of the female organs are: "Heaviness in the uterine region, with pains in the loins and groin; pressing and drawing in the uterus; painful sensation in the female genitals as if they were torn; profuse menses; flow deep-red and clotted; with the courses flatulent distension of the intestines. **During the menses dragging down in the rectum, with sense of fulness in the pelvis.* Abortion; thereupon, copious discharge of bloody slime, often with pressing and drawing of the uterus." For mental symptoms, and for other symptoms of female organs, see Allen's *Encyclopedia.*

Platina.—"Metrorrhagia of dark, thick blood, with pain in the small of the back, which penetrates both groins, with excessive sensitiveness of the genital organs. Metrorrhagia, with the sensation as if the body were growing larger in every direction. Hæmorrhage during pregnancy." (Guernsey)

To these may be added the following from Jahr: "*Unnatural excitement of the sexual desire*, also, particularly *after confinement, courtliness, pride, and overestimation of oneself*, with contempt of all else, even the holiest and most beloved; *contemptuous, piteous looking down upon otherwise very worthy people* (wegwerfung) in attack; *on coming into the room*, after walking in the open air, feeling *as though everything around her was very small*, and all persons physically and spiritually meaner, *while she herself was corporeally and spiritually exalted.* . . . This disappears in the open air in the sunshine.

Nux moschata.—Metrorrhagia, with bearing down in abdomen and drawing in the legs; *blood thick and dark; great fear of death;* drowsiness; fainting; intolerable dryness of mouth and tongue; violent headache; flatulent colic post partum; rumbling in abdomen; distension of the abdomen from wind, also expulsion of flatus from the vagina and uterus; has cured threatened symptoms of abortion. (See *American Journal of Homœopathic Materia Medica*, also Guernsey's *Obstetrics*)

Aconitum napellus —"*Metrorrhagia.* The menses, which had ceased the day before commencing the proving, reappear (one-quarter of an hour). *Reappearance of the menses, which had been arrested by a cold bath; reappearance of menses which had been suppressed by a cold, but followed by a very offensive white discharge, lasting four days;* sharp pains in the loins when the menses appear; rage when the menses appear. **Suppressed menstruation from fright*°. *Vagina dry, hot, and sensitive°." (Allen's *Encyclopedia.*)

The choice of this remedy must depend on the concomitant symptoms. The blood discharged will be bright red. There will be anxiety; dread of death; sometimes a fixed belief in the mind of the patient that she will die; feverishness; restlessness; disposition to faint, particularly on raising the head from the pillow.

Acon. has been found more suitable to full-blooded persons of light hair, blue eyes, and florid complexion.

Pulsatilla nigricans.—"Metrorrhagia; blood changeable; stops and flows again; profuse at times, at others intermittent, mixed with clots. Threatened abortion; flow ceases and then returns with double force, ceases again and so on; post-partum secondary hæmorrhages from retained placenta or coagula." (See Hering's *Condensed Materia Medica.*)

Other well-known symptoms, and the temperament of the patient, with the above, will guide to the selection of this remedy

In a case of threatened premature delivery during pneumonia, *Puls.* 6th dil. always controlled the tendency to labor, although the os uteri was considerably dilated (in seventh month). (D. C.)

Pulsatilla Nuttalliana.—Has many symptoms in common with *Puls. nig.*, but so far the distinguishing characteristic cannot be clearly made out so as to direct a choice between them. There is a proving of Puls. Nutt. in the *Transactions of the American Institute of Homœopathy*, for 1867, also in Hale's *New Remedies*, second edition.

Cimicifuga racemosa.—This remedy, according to numerous observers, has caused abortions in the 4th, 8th and 12th weeks of pregnancy; has proved curative in threatened abortions, menorrhagia and metrorrhagia. The indications are so far mostly clinical. Dr. Guernsey gives the following indications: "Habitual abortion when cold chills and pricking pains in the breasts are attendant symptoms; especially for abortions in women of rheumatic tendencies." Hale says: "When the chill, uterine pain, tenderness of the hypogastric region and flooding have already set in, and the loss of the fœtus becomes imminent, *Cimicif.* in small doses may arrest the progress of the morbid process, provided the membranes have not become extensively detached."

Caulophyllum thalectroides.—"Hæmorrhage after labor, especially hasty labor; the flow is very profuse and due to a want of tonicity of the womb, which is relaxed and contracts very feebly." "Severe pains in the back and loins threatening abortion, with great want of uterine tonicity; the uterine contractions are feeble, and attended with slight loss of blood." "Habitual abortion from uterine debility; passive hæmorrhage after abortion or confinement." (Guernsey, Hale, Hering.)

Helonias dioica.—This drug will probably be found useful where there is continued uterine hæmorrhage, with extreme mental depression and irritability, profuse secretion of urine, and burning pain in the back. It may be more efficacious in the treatment of the after-effects of hæmorrhage than in stopping the flow itself, though the following symptom would indicate that it would answer for that also: "Great uterine hæmorrhage came during the proving, and continued until the medicine was discontinued." (See Hale *New Remedies.* Hering's *Condensed M. M.*)

Bryonia alba.—"Pain in the right ovary, . . . aggravated by touch. *The menses appear 8 days, 14 days, 3 weeks too soon. The menses follow within a few hours, sometimes 8 days too soon." To the last symptom the following note by Hahnemann is appended: "This is the primary action; *Bryonia* may therefore be effectual for metrorrhagia." (See *Encycl.*, Allen.)

Guernsey gives the following indications: "Hæmorrhage of dark-red blood, with pain in the small of the back, and headache as if the head would split. Nausea and faintness on sitting up in bed, or even on raising the head from the pillow." "Pain in back, aggravated by motion. . . . Thirst for a large quantity of fluid. Pain all over, limbs and all; lips and mouth dry; desires to keep still; nausea on sitting up. Constipation, the stool being dry as if burned, and difficult to evacuate."

Nux vomica.—"Metrorrhagia as a precursor of the critical age; also after hæmorrhage if there be constipation; stools large, difficult, or small

and painful, or frequent call to stool, or the same without result. She leads a sedentary life, drinks much coffee, wine or other liquors, and lives on highly seasoned food. She is dyspeptic; cannot sleep after 3 or 4 A M. Has frightful dreams, and does not sleep well."

Every pain produces a desire to defecate and urinate (Erigeron, Aloe, Lil. tigr.), particularly the former; this is an almost certain indication. Frequent desire to urinate, with burning and scalding when urinating. Brickdust sediment in the urine. She is in a very irritable condition, from high living, etc. Constipation, with symptoms as before enumerated. Sore feeling in the region of the womb; she dreads being moved, and feels cross about it. (Guernsey.)

Apis mellifica.—This remedy has undoubted action over the whole genital sphere of woman, particularly on the ovaries. It is regularly used by some women in the diluted form (probably 6th dil.) to produce abortion, in the early months of pregnancy. It has, among others, the following symptoms, which seem to be characteristic. Hæmorrhage from the uterus coming one week after the menstrual flow (3 days after taking the medicine). Abortion in the 2d, 3d, and 4th months of pregnancy. Bearing-down pains, as in the early stages of parturition. *The hæmorrhage is copious.* There is numbness, dulness, and pains in the region of the ovaries, particularly the right, with drawing into the hips, thighs, chest, etc. The pains are frequently of a stinging character. Frequent desire to urinate; the urine scalding, etc. The mental condition is similar to that of Acon., Digitalis, Crocus, Bell., Hyos., etc., viz., changeable mood. She laughs at misfortunes. Feels like crying about everything. Great anxiety. Premonition of death. Dread of death. Feels disagreeable, violent, sensitive. Has stupidity, sleepiness. Confusion when attempting to read. Perfect insensibility, etc. Swelling of the head and face. The condition of the skin will also be a guide to its selection. It may be pale and puffy, or red and swollen, or there may be itching, burning, soreness or stinging of the same. It may be also red and swollen in parts, as in erysipelas or urticaria, or covered with small red spots like insect-bites. The skin is very sensitive to contact. Dr. Guernsey recommends it for abortion when stinging pains occur in one or other ovarian region, more and more frequently till labor pains are produced. (See Allen, Hering, Guernsey.)

Cactus grandiflorus.—This remedy has not been used in metrorrhagia, so far as I know, but several symptoms point to it strongly as an important one. It has anticipating and copious menstruation. Discharge black and pitchy. *Menstruation, with horrible pains, causing her to cry aloud and weep.* Very painful menstruation, accompanied by great prostration of strength. It has also hæmorrhage from the nose, stomach, lungs, and anus.

°Given for painless palpitation of the heart to a pregnant woman, it relieved the varicose veins of the legs and thighs more than *Hamamelis*, which had been of use previously. It was used frequently by the same person, always with good effect when the varices were painful. (D. C.)

The mental symptoms are *love of solitude*. *Sadness, taciturnity, and irresistible inclination to weep. Unusual melancholy. *Fear of death, extreme and continuous.

The symptoms of congestion to the head, and the now well-known heart and lung symptoms, with the above, may lead to a choice of this remedy. (See Allen's *Encyclopedia*.)

Digitalis.—This remedy is highly recommended by Bæhr, in uterine

hæmorrhage, dependent on stagnation of the blood in consequence of defects of the heart, but he cannot give further special indications. In his *Monograph on Digitalis* he gives details of an exceedingly dangerous case of metrorrhagia cured by the remedy so perfectly that there had been no return of the trouble for at least eight years.

The following and other symptoms may be found in Allen's *Encyclopedia:* "Considerable uterine hæmorrhage." "Discharge of menstrual blood." "Delirium. Intellectual faculties greatly weakened. Stupor and decided comatose condition; answered questions vaguely. Violent vomiting. Epigastrium rather painful on pressure. Diarrhœa. Involuntary discharge of urine and fæces. Infiltration of lower extremities. Extreme prostration." Above in women poisoned by Dig., mostly primary symptoms.

Some of the mental symptoms are "great anxiety." Fear of death.

It may be considered doubtful whether this remedy has been proven sufficiently on women to indicate its range of action in uterine hæmorrhage.

Argentum nitricum.—"Hæmorrhages from the uterus. Hæmorrhages from the uterus (14 days before the menses), only a few hours. Excites the capillaries of the uterus. Congestions to the uterus. . . . Suppression of the menses, miscarriage, and metrorrhagia. The menses appear at the usual period, but more copiously, and are accompanied with cutting pains in the small of the back and groin, and contractive sensation in the latter (30th potency, 6th day).

"*Violent palpitation of the heart, accompanied with a faintish nausea, of which she had three paroxysms in one afternoon.* (Arg. nit. has a reputation for relieving the symptoms of dilatation of the heart.) D. C.

"Retching and vomiting of mucus accompanying the diarrhœic stools. Burning ascending from the stomach. Belching immediately. (Last three symptoms in female prover from 30th pot.)"

Dr. Guernsey's indications for its use are: "Uterine hæmorrhage, with much trouble in the head. Confusion, dulness, and much pain, greatly aggravated by the least movement. A short time seems long to her, and everything done for her seems done so very slowly. She has, for instance, been flowing an hour, and to her it seems *hours;* we work rapidly for her and she thinks we are so very slow."

Kali bromatum.—This remedy has cured menorrhagia, metrorrhagia, nymphomania, and menstrual epilepsy. The nervous symptoms have led to its use.

See Ringer's *Therapeutics,* 5th edition (Wood's), p. 93; also *Transactions of American Institute of Homœopathy* for 1870, sec. ii, pp. 384–5. The doses recommended by Ringer in menorrhagia are 10 grains three times a day, and in nymphomania not less than 20 grains three times a day. He remarks that the *Bromide of potash* is more efficacious in the floodings of young women than in those of old.

Ammonium bromidum.—See *Transactions of American Institute* for 1870. "In all forms of uterine hæmorrhage, whether from lesions of the uterus itself, from ovarian irritations, excitation, inflammation, or any of the various diseased or deranged actions peculiar to the ovaries or adjoining parts and viscera, amenorrhœa, dysmenorrhœa. I have used it with great alleviation of suffering." (Griffith.)

Kreosotum.—Hartmann, Bæhr, and Guernsey agree in the main in regard to the class of cases for which this remedy is useful. The following is from Guernsey: "Discharge of a large quantity of dark blood; then for a few days bloody ichor, with pungent odor, corrosive itching and smarting of the parts; then the discharge recommences and the same phenomena occur again." Compare Phos.

Carbolic acid.—"Pain in region of the left ovary when walking in the open air, soon subsiding; profuse, dark-colored menses followed by headache and great nervous irritability." (Allen's *Encyclopedia.*)

This remedy may be found useful where there is connected with the hæmorrhage an unusual accumulation of flatus, particularly in the left side, which causes pressing pain. There may be foul eructations and passage of flatus by anus. (D. C.)

Iris versicolor.—This remedy may be used in some cases where there is bilious vomiting and diarrhœa. See *Transactions of American Institute of Homœopathy*, sec. ii, pp. 137 and 157. It is stated to be effectual in hæmorrhages, particularly in menorrhagia, p. 157. In a case of miscarriage it promptly relieved: "Inflammation and soreness of the uterus, . . . griping, nausea, and vomiting of bile, eructations of flatus and bilious diarrhœa."

Phosphorus.—"Metrorrhagia after difficult labor, between the monthly periods, or during pregnancy, particularly in tall thin women. Weak and empty feeling across the abdomen. Constipation; narrow, dry, difficult stools. Much belching of wind after eating." (Guernsey.)

"Frequent and profuse metrorrhagia, pouring out freely and then ceasing for a short time." (Hering.) Compare Kreas. and Sulphur.

Sulphur.—"Chronic hæmorrhage. She seems to get almost well, when it occurs again and again, day after day for weeks. She is weak; has weak and fainting spells; flushes of heat; heat on the top of the head and cold feet. Sleep very light, often gets wide awake. Feels very weak in the morning; gets hungry spells, when she cannot wait for her food, especially for her dinner." (Guernsey.)

Sulphuric acid.—"Metrorrhagia, with tremulous sensation in the whole body without trembling." (Guernsey.)

Apocynum cann.—"Threatened abortion, with vomiting." (See Guernsey.)

"Metrorrhagia continuous or paroxysmal; fluid or clotted; nausea, vomiting, palpitation, pulse quick, feeble, when moved; fainting, when raising the head from the pillow." (Hering's *Condensed Materia Medica.*)

Carbo veg.—"Passive metrorrhagia, with much itching of the vulva and anus." (Guernsey.)

See other symptoms in Allen, Hering, and Jahr.

Calcarea carb.—"The history of the case shows that she has always menstruated too often, too much, and too long. It seems difficult for her to stop menstruating. Leucophlegmatic constitution. Cold, damp feet. Swelling at the pit of the stomach like a saucer bottom up. Vertigo on stooping, worse on rising again or on going upstairs." (Guernsey.) "Abortus." (See Hering.)

Opium.—"Abortion threatening after great fright, especially if in the latter part of pregnancy." (Hering's *Condensed Materia Medica.*)

Gelseminum.—"Threatened abortion from sudden depressing emotions." (Hering.)

Electricity.—"Has been successfully employed in tedious labor, retained placenta, placenta prævia, and dangerous hæmorrhages." For an article on this subject see *Transactions of American Institute of Homœopathy* for 1872, also Althaus and Garratt, for the symptoms produced and cured by Electricity. See also Jahr's *Symp. Codex.*

Arsenicum, Mercurius, and Plumbum acet. have been used in metrorrhagia, but would be indicated by the general cachectic conditions peculiar to each remedy, rather than by special symptoms of the genital organs. They will, therefore, receive no special notice, except to say that the pains of *Arsenic*, are lancinating, burning; of *Mercurius*, sore,

aching, dragging; of *Plumbum*, falling, distensive. The discharge of *Arsenic* is scanty, pale, or profuse and dark; of *Mercurius*, color and consistence not given, but there is a disposition of different parts of the body to slough or ulcerate; the discharges of *Plumbum* are dark, clotted, alternating with fluid blood or bloody serum.

Nitric acid.—Useful in long-persisting hæmorrhage after abortion or confinement. For special symptoms see case detailed by Ludlam in his *Lectures on Diseases of Women*, second edition, p. 566; also Guernsey and Hering, *Condensed Materia Medica.*

Some other remedies, as Gossypium, Abies, Tanacetum, Turpentine, etc., have symptoms indicating their power to produce and of course cure hæmorrhages from the uterus, but there is nothing sufficiently distinctive in their pathogenesis or clinical records to give them a place in this paper.

D. Cowley, M.D.

Mechanical Treatment.

There is, perhaps, no other disease, with the exception of surgical, that so often requires mechanical aid, as puerperal hæmorrhage. While we can do much to arrest hæmorrhage with properly selected remedies, it is not always safe in such emergencies to rely upon them alone. The suddenness of the flow and the disastrous consequences which so often follow in a very short time, make it one of the most dreaded complications of pregnancy and labor which can befall woman. In view of these facts, the necessity of a knowledge of preventive and curative measures is apparent. Mechanical treatment is not indicated in all cases of uterine hæmorrhage, but when required should be well selected and promptly and skilfully employed, improper treatment, or a too great hesitation on the part of the accoucheur being often productive of fatal consequences. Measures to be employed will vary according to the cause of the hæmorrhage and the period of gestation, or the stage of labor.

In the treatment of hæmorrhage from separation of the placenta, uterine contractions must be encouraged; if these cannot be brought on by proper medication, and the hæmorrhage continues, whether external or internal, rupture of the membranes will be in order. If this succeeds in arresting the flow, an abdominal bandage should be firmly applied, so as to prevent the uterine cavity from filling up with blood. The case can now be left to nature; or, if the fœtus be dead, labor may be encouraged. In any event, if the hæmorrhage occurs in the early months of gestation, abortion will eventually result, if the loss of blood has been in any way great. If we are not convinced of the death of the fœtus, medication, absolute rest in the recumbent position, as well as rest of mind, should be insisted upon. This will frequently arrest hæmorrhage, and gestation may continue to full term if the os uteri is not dilated beyond half an inch in diameter. Should, however, the os be wider than this, the pains active, and the hæmorrhage continue, the tampon may be used to stay the flow of blood and to prepare the os for expansion. If the hæmorrhage is profuse, or we have reason to believe that there is concealed hæmorrhage, the sooner the uterus is relieved of its contents the better; and if the os is not sufficiently dilated for the purpose, a Barnes's bag is a most efficient means. At the same time abdominal pressure must be made to prevent the accumulation of blood in the uterus. There is but one contraindication for thus rapidly delivering the patient, and that is in case the collapsed condition would raise doubts as to the patient's ability to withstand the shock of the operation. In such cases the patient should receive stimulants, the surface of the

body kept warm, and pressure over the womb continued until reaction has taken place, when the operation may be completed either by turning or the forceps.

Having briefly given the most practical points in the treatment of hæmorrhage due to separation of the normally situated placenta, we now come to that known as placenta prævia. There is no doubt that the management of placenta prævia has given rise to more discussion than any other subject connected with obstetricy. So many authors and teachers have expressed their views in relation thereto, that the student would find it a herculean task to make a selection which would inspire the fullest confidence. A thorough knowledge of the nature of placenta prævia, the source of the hæmorrhage, and the manner of its production is necessary to the intelligent application of the means at our disposal. The treatment will necessarily vary according to the period of gestation, the amount of hæmorrhage, etc. It must be obvious to every accoucheur that no one rule of practice will answer for all cases; therefore one of the four following methods may be successfully employed:

1. Puncturing the membranes.
2. Plugging the vagina.
3. Version.
4. Partial or complete separation of the placenta.

At the occurrence of hæmorrhage, especially in the latter months of pregnancy, the first thought to suggest itself is, shall we use means to arrest the flow and allow pregnancy to continue. We answer, yes, if the hæmorrhage is not profuse, an effort in that direction is advisable. If it has been decided to temporize, absolute rest, freedom from excitement, and the properly indicated remedy and the tampon may be used. We may be allowed a word of explanation in the use of the tampon in these cases. We are well aware that the tendency of plugging the vagina is not only to temporarily arrest hæmorrhage, but to promote dilatation. We use it here just long enough to form a clot, and then carefully remove it in the course of two to four hours. By these means we believe we have succeeded in delaying impending premature delivery for several weeks. However, it should be borne in mind that the patient's life is constantly in danger, for flooding may occur at any time. For this reason many teachers at the present time advocate the immediate termination of pregnancy, provided the child has arrived at a viable age, claiming that the chances for its living are better than if frequent floodings occur. There is one exception in which temporizing would not be advisable, and that is when we have positive knowledge of the death of the child

One of the most rational and efficient means to be employed in the treatment of placenta prævia when the termination of labor has been decided upon, is the puncturing of the membranes and the gradual drawing off of the liquor amnii. Until recently this operation has been sanctioned but by few authors and teachers, turning having had the preference.

The first notice of this procedure of which we have knowledge is found in Professor Jörg's *Handbuch der Krankheiten des Weibes*, published in Leipzig, 1821. The first to boldly advocate puncturing was Dr. Wielobycky, of Edinburgh, in a series of articles published in the *British Journal of Homœopathy*, in 1846. He enumerates the many advantages of this operation and the disadvantages of turning, a few of the most important being the following: "It restrains the hæmorrhage, whether it be profuse or oozing, and the os uteri dilated more or less: in general it arrests the flooding, even in the middle period of pregnancy.

Where the os uteri is small and the cervix undeveloped, and in the latter months of utero-gestation, when the os and cervix are soft and flabby and well developed, it checks it entirely; no further separation of the placenta takes place during the operation, and it is practicable under all conditions of the external and internal parts of the mother." "It diminishes the risk of the infant's death, as only a very few placental vessels, if any, are ruptured during it."

He also believes that it gives less suffering to the mother, inflicts less injury upon her parts, that it requires no waiting, and can be accomplished promptly and with safety where there is alarm.

Barnes says: "It is the most generally efficacious remedy and it can always be employed."

Guernsey in his *Obstetrics* also believes that, "the only safe plan for deliverance is to draw off the liquor amnii through the placenta."

We will briefly state the mode of operating in this matter. Having previously ascertained the extent of the placental attachment, introduce the index finger of the right hand, and with the same hand, a female catheter placed on its palmar surface, passed into the cervix; find a sulcus between the placental lobes and wait until the uterus contracts, holding the catheter firmly against the placenta, when it will force its way through and the liquor amnii will gradually pass off. The catheter may soon be withdrawn and the finger forced through the placenta, rupturing the already perforated membranes and dilating the os sufficiently to permit the passage of the child. Because of objections which have been raised to puncturing the membranes, we have cited the above-named authorities in support of its efficiency and practicability, and to further prove the value of this operation, we quote from Playfair's recent work the following: "The objections raised to puncture of the membranes are, chiefly, that it interferes with the gradual dilatation of the os, and renders the operation of turning much more difficult. The os is not, however, so regularly dilated by the bag of membranes in cases of placenta prævia, as in ordinary labors. Moreover, the cervical tissues are generally relaxed by the hæmorrhage and dilatation is easily effected. Should we desire to dilate the os, preparatory to turning, we can readily do so by means of Barnes's bags, which act at the same time as an efficient plug. The objections therefore are not so weighty as they might have been before these artificial dilators were used I am inclined for these reasons to agree with the recommendation that puncture of the membranes should be resorted to in all cases of placenta prævia"

Frequently the first effect of puncturing the membranes is to increase the flow, by further separation of the placenta, and the diminished pressure on account of the drawing off of the amniotic fluid; generally the flow ceases as soon as contractions take place, but if these should not come on soon enough, firm pressure upon the child or fundus uteri will arrest it at once.

There are, however, cases in which the presenting part of the placenta is so thick, that it is almost impracticable to puncture the membranes, and while some authors still recommend puncturing, plugging the vagina is believed to be more practicable and efficient. If the os is undilatable, the tampon should be preceded by a sponge tent, introduced into the cervical canal, and the tampon may then be applied as usual, thus keeping the tent in place. It answers both for the purpose of arresting the flow of blood and dilates the os at the same time. The plug should not be left in longer than five or six hours, and while *in situ*, abdominal pressure by the hand or bandage will be of great service in inducing contractions. We have found this to be the best way of operating and can recommend

it with the fullest confidence not only in placenta prævia, but where it is desirable to induce premature labor from other causes, and abortions when the hæmorrhage is great and the ovum is not sufficiently detached or the os undilated.

The prevailing practice seems still to be turning, and its indiscriminate application has been productive of a great deal of injury. We believe it is rarely called for, and should then only be resorted to when the os is sufficiently dilated to readily admit the hand, and when the patient is not too weak to endure the shock.

If the patient is very feeble, the pulse small and syncope persistent, an effort should first be made to rally the patient by the use of stimulants.

If the hæmorrhage has resisted all other means and death is imminent, then of course the operation must be performed as speedily as possible, at least so far as to bring one leg through the os ; this will act as a plug and the delivery need not be effected so quickly. The operation of introducing the hand is accomplished without much difficulty, when the placenta presents only partially, but if central, then it is rendered more difficult. Under these circumstances the margin of the placenta should be ascertained, the one least attached preferred, then pass the hand gently, and turn by the bi-polar method if possible. (Playfair.) Never attempt to introduce a hand through the cervix when the os is undilatable ; such an attempt is often productive of injuries of the gravest character. If the hæmorrhage cannot at all be arrested rather resort to the complete separation of the placenta. This was first recommended by Professor Simpson, and it was based on the theory that the source of hæmorrhage was from the detached portion of the placenta, and that when the placenta was expelled before the child, the hæmorrhage had ceased. Simpson's method of separating the placenta, and often extracting the child immediately after, was fraught with as much danger as the operation of turning, and was almost certain death to the child.

Barnes has somewhat modified Simpson's method, and it certainly answers every purpose of the latter operation, and is less severe on the mother. Barnes's method is the following: " Pass one or two fingers as far as they will go through the os uteri, the hand being passed into the vagina if necessary ; feeling the placenta, insinuate the finger between it and the uterine walls ; sweep the finger around the circle so as to separate the placenta as far as the finger can reach ; if you feel the edge of the placenta where the membranes begin, tear open the membranes carefully, especially if these have not been previously ruptured ; ascertain, if you can, what is the presentation of the child before withdrawing your hand. Commonly, some amount of retraction of the cervix takes place after the operation, and *often the hæmorrhage ceases.*"

It was formerly supposed that Simpson recommended the extraction of the placenta in all cases ; if he did, he modified his practice and limited it when the following conditions were present. When delivery is impracticable, on account of insufficient dilatation of the os uteri, to permit turning in safety, or the patient is too feeble to bear turning, or when the uterus is too firmly contracted for turning, also if the child is not yet viable or already dead.

It is to be borne in mind the importance of emptying the bowels and bladder before any attempt is made at any of these operations.

Before entering upon the treatment of post-partum hæmorrhage, a few remarks in reference to preventive measures will first claim our attention. A case of labor should always be regarded as if hæmorrhage were anticipated, and this preventive treatment is more especially applicable at the close of the second stage of labor. Dr. Seip, in a paper read

before this Society at its last session, on the management of the third stage of labor, recommended the practice of Churchill or Credé, in the expression of the secundines. Churchill's mode, following up the contractions of the uterus as the child is being expelled, and not removing the pressure for some time after the expulsion of the placenta. If this or Credé's plan were employed in all cases of labor, very few cases of post-partum hæmorrhage would occur. Hour-glass contraction would be almost impossible, and the formation of clots in the uterine cavity prevented. The patient should never be left so long as the pulse is much above the normal standard. If its beats exceed one hundred per minute for half an hour after the completion of labor, it is considered good practice to wait a short time or until the pulse comes down to the normal standard, or to at least eighty beats. If hæmorrhage does not occur within one hour, the danger has probably passed. Prevent too rapid deliveries; aid protracted labors.

The treatment of hæmorrhage during labor, which is mostly due to the premature separation of the placenta, may here be briefly noticed. It sometimes happens that before birth of the child, there is an unusual amount of blood lost, or there may be symptoms indicating internal hæmorrhage. The treatment of these cases is similar to that where hæmorrhage occurs during gestation.

If the os is undilated, and the hæmorrhage not profuse, the tampon may be used, together with pressure over the fundus uteri. If the emergency requires, Barnes's bags may be used to hasten dilatation. Should the os be sufficiently dilated to admit the hand, rupture the membranes, if not already ruptured, then terminate labor by turning or the use of the forceps.

Post-partum hæmorrhage is most frequently due to inertia. Various measures have from time to time been suggested, and all have their advocates. We shall, therefore, limit ourselves to those only which we believe are the most efficient.

When flooding is due to inertia, sometimes the simple introduction of the hand into the uterus, or irritation made on the cervix, whilst pressure or friction is made over the fundus of the womb, brings on contraction. Should not this produce the desired result, one hand may be passed into the vagina to the cul-de-sac, and the other placed externally over the uterus, firmly pressing it between the hands. Contraction can often be produced by reflex action, and for this purpose cold applications over the uterus, such as ice, ether, or cold water applications, may be used. Ice may also be introduced into the cavity of the womb, and within the past few years hot water injections have been extolled as one of the most prompt means of arresting hæmorrhage. Electricity and compression of the aorta have each their advocates. The former, on account of its inconvenience, cannot generally be used, and therefore is mostly only to be had in hospital practice, and with the latter we have never had any experience. The injection of styptics is much in vogue now with the old-school practitioners, and especially the Perchloride or Persulphate of iron. It certainly is a valuable remedy, and should be used when all other means fail. While, with other measures mentioned, abdominal pressure should always be kept up, when the Perchloride of iron is injected, all pressure must be discontinued, as the object of the styptic is to form thrombosis, which, when pressure is made, may be detached, thereby necessitating a repetition of the injection. There is a variety of irregular contraction of the muscular tissue of the womb, which is frequently observed, but of which we have seen but two well-marked cases. Simpson describes an irregular contraction which is found most frequently and earliest, in

connection with post-partum hæmorrhage, which is due to a want of regularity and equability in the contractile action of different parts of the uterus, and perhaps in different planes of the muscular fibres, as marked by one or more points in the organ; feeling hard and contracted at the same time that other portions of the parietes are soft and relaxed. We have seen but two cases of this variety of irregularity of the womb, which felt as if nodulated, and both cases occurred during secondary hæmorrhage (Cham. alone speedily relieved both cases). Hæmorrhage caused by retained placenta generally requires the removal of the placenta by expression, and if this should not succeed, the hand must be introduced and then the placenta and clots can be removed at the same time.

But if hour-glass contraction complicates the case, the contraction must be overcome by gentle and firm pressure of the fingers, and a little patience, while the uterus is supported with the other hand.

Adherent placenta is frequently a cause of hæmorrhage, when it must be partially detached; if completely adherent, it invariably gives rise to secondary hæmorrhage.

Should hour-glass contraction be present, this must first be overcome as above described. The artificial removal of adherent placenta must always be considered a delicate operation; it requires care and skill to remove every portion.

In consequence of unnecessary force and violence much injury is often inflicted, but if carefully performed the disastrous complications which are apt to follow its retention are prevented.

Some points in the treatment, that to the patients may seem of very little importance, unless particularly impressed with the absolute importance of carrying out these instructions, are very apt to be disregarded by some or all of them: Rest in the recumbent position is imperatively necessary at whatever stage of gestation, or after delivery, hæmorrhage may occur; yet, many women, unless cautioned to the contrary, will get up, if not out of bed, at least will sit up, perhaps within a few hours after the medical attendant has left her. We should not only insist on the patient remaining in bed, but to stay there until otherwise instructed. If the loss of blood has been great the pillows must be removed and the foot of the bed elevated sufficiently high to bring the feet of the patient a little above the level with her head. The covering should be just enough for comfort, the room well ventilated, and all excitement and unnecessary conversation avoided.

The use of stimulants should be employed with care Use them moderately, and rather repeat frequently than give too much at one time. The use of cold applications, externally or internally, must be regulated according to the patient's ability to withstand the shock.

One important point in connection with treatment, which was omitted, is the change of position to promote uterine contractions. Dr. J. F. Cooper, of Allegheny, has for some time practiced the following method for inducing uterine contractions, with gratifying results. When the pains become deficient during natural labor or hæmorrhage, change the patient from her back to the side she is accustomed to lie on mostly, or from one side to the other. The pains, if the patient is not too weak, will often come on sufficiently to arrest hæmorrhage. If the hæmorrhage has diminished or coagula have formed, the patient should not be moved, lest the coagula be disturbed. We have succeeded in arresting the flow, by simply changing the position of the patient so that the body of the fœtus will gravitate to the opposite to that from which the blood escapes so that the head of the fœtus will press on the bleeding vessels.

H. H. Hofmann, M.D.

1877.

A CASE OF PUERPERAL CONVULSIONS.

BY A. R. THOMAS, M.D., PHILADELPHIA.

At 6 o'clock, on the morning of September 14th, 1877, I was called to see Mrs. C., of West Philadelphia, aged about thirty, blue eyes, sandy complexion, and in the eighth month of her second pregnancy. Her first confinement was at full term, and without any unusual complications. She had been unusually well during the whole of the present gestation up to the day previous, when, after a hearty dinner of fish, she was taken with a severe pain in the head, with vomiting. Her husband returning from his business at 6 o'clock, P.M., found her in bed, and still complaining of her head, and occasionally vomiting. He gave her a hot foot-bath, but the pain continued; she became extremely restless, and got but short snatches of sleep during the night. At 5 o'clock, A.M., her husband was suddenly awakened by her violent movements, when he found her in a severe convulsion. As this passed off, her breathing became heavy and noisy, gradually returning to a more natural character, when she regained partial consciousness, yet continued extremely nervous, and became greatly frightened from the presence of her husband or others, screaming with terror, and was with difficulty quieted.

Soon after 6 o'clock, she was seized with a second convulsion. As this passed off, her husband sent a messenger boy for me. While he was absent attending to this, the patient had a third attack, this, like the previous ones, being preceded by vomiting, and followed by stertorous breathing.

Soon after 7 o'clock I reached the house, and found Dr. Pusey present. He residing near, had been called in after the third convulsion. The patient was now in a dull, stupid condition, yet when questioned would give answers, and still complained of severe pain in the head. Thinking the trouble might have resulted from the hearty dinner of fish the day before, Dr. Pusey had given Nux and Bell. Looking for other causes for the convulsions, I examined for evidences of dropsy, but found none. No urine was at hand for examination. Continuing Bell. 3d every half hour, I returned home, with the promise of making her an early visit in the forenoon.

At about 9 o'clock, a messenger brought word that my patient had had a fourth convulsion, and the husband desired my immediate attendance. Repairing to her house, I found her extremely restless and but partially conscious. During my absence she had voluntarily passed urine, but unfortunately the servant had thrown it out before my arrival. Gave Stram. 3d. Making a digital examination, found the os so high in the pelvis as to be reached with much difficulty The parts were soft and dilatable, the cervix not entirely obliterated, yet the os receiving the end of the finger and permitting contact with what I believed to be the fœtal head. By auscultation, detected the pulsation of the fœtal heart low down and to the right of the median line. No evidence of commencing labor was observed. At this time she was suddenly seized with the fifth convulsion, attended with violent movements, frothing of the mouth, biting the tongue, and slight opisthotonos, and followed with heavy stertor.

Fully realizing the gravity of the case, I now called for a consultation, and sent for Dr. J. K. Lee. He having left his office, Dr. J. N. Mitchell

was sent for, with request to bring instruments, including Molesworth's dilator. Before his arrival, Dr Lee, passing the house, was called in. Concurring with me in regard to the character and gravity of the case, he advised that should the convulsions continue, and labor not come on, artificial delivery should be resorted to.

Dr. Mitchell arriving at about 11 o'clock, while in consultation in regard to the case, the patient was taken with another convulsion, the sixth. In deciding upon a course of procedure, we had to choose between a reliance upon medicine alone, leaving nature to empty the uterus in her own time, and mechanical interference for securing that end. Although there had been no opportunity for examining the patient's urine, and no symptoms of dropsy were present, and she had been perfectly well previous to the afternoon before, yet from the character of the convulsions, and the mental condition of the patient during the intervals, we were quite satisfied of the existence of uræmic poisoning, and that we should find albumen in the urine, when opportunity offered for testing the same. Aware of the great peril to both mother and child from the continuance of the convulsions, and reallzing the importance of securing an early evacuation of the uterine contents, and thereby relieving the pressure upon the congested kidneys, it was decided to proceed at once and mechanically dilate the os, hoping that the uterine contractions might come to our aid, and thus procure a prompt delivery.

At 11.30 o'clock, the patient was placed under the influence of ether, and, commencing with the second sized tube of Molesworth's dilator, we proceeded cautiously and slowly to dilate. From the high position of the uterus, much difficulty was met with in conducting this operation, and not until after 2 o'clock was the os sufficiently dilated to permit of attempt at delivery of the child.

During the three hours and over that the patient was under the influence of ether, the convulsions were repeated about every forty minutes, greatly modified, however, by the anæsthetic, and scarcely to have been recognized as convulsions, except from the rapid, stertorous breathing following each attack. Several vomitings also occurred of dark "coffee-grounds" like matter, the last being of almost tarry blackness, and giving us no little anxiety, until ascertained to have been from blood swallowed from the severely bitten tongue.

To our disappointment no uterine contractions came to our aid during the process of dilatation, and after this was completed, the question of waiting for pains to come on, or of proceeding immediately to deliver, became an important one. Considering the condition of the patient, and the uncertainty of securing uterine contractions within any reasonable period, it was decided to deliver at once. An attempt was made to apply the forceps, but from the high position of the head, with the rather incomplete dilatation of the os, it was found impossible to adjust the second blade. The only alternative now remaining was to produce podalic version, and deliver by the feet. Considering all the circumstances of the case, it was thought extremely desirable to effect version in this instance, if possible, by the bi-manual, or bi-polar method of Dr. Hicks, and thus save the patient the increased danger of a complete introduction of the hand into the uterus. Dr. Mitchell therefore attempted this method, and was so fortunate as to meet with perfect success. Introducing the right hand fully within the vagina, and the first and second fingers only within the os uteri, the head was pushed to the right—the presentation being a right occipital one—while with the left hand applied externally to the opposite pole of the fœtal ovoid, pressure was made upon the breech to the left. In a short time, and with little difficulty, the child assumed a

transverse position, bringing the knees within grasp of the fingers. Bringing down one leg, the body of the child was easily delivered, while the extraction of the head was attended with rather more than the usual amount of difficulty, being closely grasped by the somewhat narrow os. Respiration was established with little delay, and the child is now doing remarkably well, although when born it weighed but three and one-half pounds. The placenta was readily removed, and the uterus appeared to contract satisfactorily. Remained with the patient about three-quarters of an hour after delivery, she sleeping quietly during this time, with good pulse. Left Bell., with directions to give it every half hour after she awakened.

At 7 P.M. the patient was visited, and found to have had a convulsion one hour previously; also there was quite a severe flooding at 4 o'clock, lasting for over an hour. Pulse now 90, temperature 101°. But partially conscious, scarcely recognizing her husband or friends. Great restlessness.

At 9.30 P.M. patient was found in much the same condition as at previous visit. No sleep. Several ounces of urine were then drawn with the catheter. Test by heat revealed nearly one-half albumen.

At 12 P.M. was called up, with news that my patient had had another severe convulsion. Found that the stertor following, though loud, was not so prolonged as before. Very restless and but partially conscious. Head cool, and little appearance of cerebral congestion; pulse about 85. Impressed with the feeling that sleep would be of great advantage to my patient, and believing the case was not one of the apoplectic form, and that the treatment suggested by Dr. Kitchen, if ever applicable, should be in this, I ventured to give her an anodyne. Putting one-half grain of Morphine in eight spoonfuls of water, I directed a teaspoonful every half hour until sleep was induced.

Calling at 9 30 the next day, was greeted by an intelligent smile of full recognition. Found that after the second dose she had three hours of continuous refreshing sleep, besides several shorter naps.

An examination of the urine this morning gave about one-quarter albumen, a great reduction from the day before. While the patient's mind was now clear, and she could converse intelligently, she was completely oblivious of the events of the previous thirty-six hours, and remains so to the present time.

Under Gels. 3d the convalescence from this time was rapid and continuous. In three days all trace of albumen had disappeared. Lactation was established without febrile excitement or trouble of any kind; and now, nineteen days after confinement, the woman is about the house.

The following interesting and instructive points are offered by this case:

First. The fact that it is possible for albuminuria to exist with accompanying uræmic poisoning to such an extent as to produce convulsions, without any of the dropsical symptoms usually present under those circumstances.

Second. It shows the possibility of mechanically dilating the os, producing version, and successfully completing delivery without uterine contractions.

Third. The case demonstrates the readiness with which version may be produced by the bi-polar method—at least in some cases—thus saving the patient the increased risk from the introduction of the hand into the uterine cavity, a procedure always attended with more or less pain, difficulty, and danger.

1878.

MANAGEMENT OF THE AFTERBIRTH.

BY J. H. MARSDEN, M.D., YORK SULPHUR SPRINGS.

The following remarks are intended to apply only to cases wherein the placenta is detached by the natural powers alone, or if undetached, its adhesion is nearly a normal one, which has failed to be broken up simply through failure of uterine action. To speak of abnormal adhesions and their management would much transcend our present purpose. Besides it has heretofore been fully discussed before this Society with greater ability than I can command.

It has been said, in effect, by some one, that it was only after the birth of the child his anxieties began. This was in reference to the delivery of the afterbirth, which he considered the more delicate and difficult part of his professional duty. Indeed there is no point in the conduct of labor, where a serious error is more likely to be followed by disastrous consequences to the patient or discredit to the attendant.

As a preliminary expedient it is well to have the nurse or other well-informed assistant, in the latter throes of labor, to apply the hand over the region of the womb, prepared to follow it up after the head is born and the body of the child is passing, by a *firm*, equable pressure, downward and backward, and to be maintained until the accoucheur is at liberty to supply its place. This pressure should be gently kept up till the moment arrives for final action in delivery.

The question how long should we wait for the removal of the afterbirth has not been definitely settled nor can it be. The time must necessarily vary according to varying circumstances. When there is nothing requiring immediate action, such as actual or threatening hæmorrhage, it is best to let the patient enjoy a few minutes' rest, so as practically to recover from her exhuastion. The womb, fatigued by its recent efforts, is not immediately disposed to second our attempts. By a little delay we give the blood time to coagulate within the uterine sinuses, thus affording greater security against flooding, while that already extravasated within the uterine cavity is permitted to form clots, and may thereby be more readily extruded along with the other contents.

Our delay, however, should not be too protracted, otherwise the parts may contract to such a degree as to greatly increase the difficulty to the operator, and pain and danger to the patient. Fifteen or twenty minutes is a space ordinarily sufficiently long—often it may be considerably shorter.

The method of delivering the afterbirth has greatly varied at different times, and in the hands of different practitioners, and as yet there is no one universally agreed upon as the best. The late Dr Churchill, whose work upon *Midwifery* has been very justly held in high estimation, gives us the following advice: "When the binder is applied, the patient may be allowed to rest for awhile if there is no flooding, after which, *when the uterus contracts*, gentle traction may be made by the funis, to ascertain if the placenta be detached. If so, and especially if it be in the vagina, it may be removed by continuing the traction steadily in the axis of the upper outlet at first, at the same time making pressure upon the uterus."

This is the method still probably practiced by a majority of accouch-

eurs, if not in the United States, at least in England. It is certainly open to many objections, and amongst these a very prominent one is, its great liability to abuse. Inexperienced practitioners are apt to make injurious traction upon the cord when they fail to succeed by gentle force. Velpeau tells us of the case of a student who, not succeeding in accomplishing his purpose, by a too violent and misdirected force had separated the cord from the placenta. We often meet with similar accidents in cases attended by ignorant midwives.

The method termed "Expression of the Placenta," seems to be growing into favor, both in this country and upon the Continent of Europe. Although foreshadowed by the Dublin School of Obstetrics, the credit of bringing it prominently before the profession is given to Credé and other German writers. It consists in applying to the delivery of the afterbirth a "*vis a tergo*," instead of, as formerly, a "*vis a fronte.*"

Dr. Playfair, a late British author, who is very enthusiastic in favor of this method, gives us the following directions for its successful application: In the first place he advises an interval of fifteen or twenty minutes before interference, during which the attendant should sit at the bedside with his hand upon the womb, but not kneading or forcibly compressing it. "When we judge," says he, "that sufficient time has elapsed, we may proceed to effect expulsion. For this purpose the fundus should be grasped in the hollow of the left hand, the ulnar edge of the hand being well pressed down behind the fundus, and *when the uterus is felt to harden*, strong and firm pressure should be made downwards and backwards in the axis of the pelvic brim If this manœuvre be properly carried out, and sufficiently firm pressure made, in almost every case the uterus may be made to expel the placenta into the bed along with any coagula that may be in its cavity. If we do not succeed in the first effort, which is rarely the case if extrusion be not attempted too soon after the birth of the child, we may wait until another contraction takes place, and then reapply the pressure. I repeat, that after a little practice the placenta may be entirely expelled in this way, in nineteen cases out of twenty, without even touching the cord, and the bugbear of retained placenta will cease to be a source of dread."

However successful this method may generally be, we will sometimes find patients, whose abdominal walls are so exquisitely tender, that they would scarcely bear the requisite amount of pressure without extreme suffering. Even when so deeply under the influence of Chloroform as to be apparently insensible to their natural pangs, they will at once resist the application of the hand externally over the womb.

There are others again, in whose cases the placenta is, almost immediately after the birth of the child, extruded from the womb and lodged almost entirely in the vagina, where it is but little under the control of uterine contractions however forcible.

Upon the whole I would prefer to regard each case according to its own peculiar exigencies, and adopt such method as experience and common-sense suggest as best suited. According to this view we will often find a combination of methods better suited to the case before us than any single one alone.

My general practice is somewhat as follows. After waiting an interval such as above indicated—longer or shorter according to existing circumstances—I introduce all the fingers of the *left* hand, well oiled, into the vagina, in the gentlest manner possible, and generally without causing much pain. If the placenta be found lying loose in the canal, I remove it by compressing it with all the fingers, the points being applied around its edges, so that it readily follows or rather accompanies the hand when

withdrawn. If it be still within the womb, I endeavor to ascertain by gentle manipulation with the left hand upon the cord, whether it be detached or not. If it be detached I try to stimulate the womb to contraction by pressure with the *right* hand applied externally. When it is felt to contract I apply a stronger force with the right hand downward and backward, and as the placenta is extruded from the uterus, receive it with the fingers of the left hand, compressing it inwards or centripetally from the edges, and withdraw it as before described.

By whatever method the placenta may be delivered, great care should be taken to prevent the membranes from tearing so as to become separated from it, and be left behind in the womb. The best method to prevent this is to twist them into a cord by a rotary motion of the hand, as we remove the afterbirth.

When the placenta is found to be yet undetached, we should desist from further attempts at removal, give a dose of Pulsatilla, and wait till we think proper to make another effort. We will mostly find, if not morbidly adherent, that it can be removed with surprising ease upon a second trial.

If, however, we are disappointed in this, if the placenta still remain *in situ* and undetached, and if the inertia of the womb be such that we cannot hope for its detachment in reasonable time, we may surround its borders with the points of our fingers, and with suitable pressure, drawing them inward concentrically, give the whole hand a somewhat wrenching movement. If not abnormally adherent, the placenta will yield to this manœuvre,—if it be, its management does not fall within the scope of this paper.

1878.

DYSURIA IN WOMEN.

BY B. F. BETTS, M.D., PHILADELPHIA.

Painful micturition is a symptom from which women suffer more frequently than men. In men it is mostly dependent upon some affection of the urinary tract. In women it may originate from a similar class of diseases, or, as is more frequently the case, it may be symptomatic of affections of neighboring organs.

As belonging to the former series of etiological conditions, we may mention cystitis and urethritis, caused by exposure to cold, violence, obstetrical operations, neglect to keep the bladder empty during labor, the habit of retaining the urine for too long a time, the presence of calculi in the bladder, or foreign bodies introduced through the urethra, a urethritis arising from specific infection, an ulcerated condition of the mucous membrane, or the presence of polypi.

As polypi of the urethra obstruct the flow of urine, they may lead to a suspicion of stone in the bladder, or of stricture in the urethra. On account of the shortness and dilatability of the female urethra, stone is, however, but seldom formed, and organic strictures are rarely developed; nevertheless, the only positive means of diagnosis is by the use of the sound and urethral speculum.

The urethral speculum may be made of boxwood, conical in shape, of different sizes adapted to different urethræ, which vary so remarkably in size and dilatibility in different women. They should have a cleft or opening down one side similar to that of the anal speculum.

Through this cleft, the removal of polypi may be effected by the knife, scissors, or galvano-cautery loop. If this latter is used the boxwood speculum will be required to protect the parts not diseased from the influence of radiated heat from the platinum wire.

Chronic cystitis and *urethritis* require careful and often prolonged treatment. In some cases it may even be necessary to pursue a course of what may be termed hygienic treatment, in conjunction with the homœopathic treatment. This consists in affording *rest* to the part, the first essential in the treatment of all inflammatory conditions. Rest to the bladder and urethra can only be secured by the establishment of a prolonged incontinence of urine, effected by a permanent dilatation of the urethra, or by an incision through the anterior vaginal wall, creating a vesico-vaginal fistula.

The difficulties encountered in the effort to dilate the urethra, will depend upon the amount of hypertrophy in the sphincter muscle. If dilatation is not thorough enough to paralyze the sphincter, no incontinence will result. If the sphincter is incised an incontinence may be established which will be difficult to limit to the period of time necessary to cure the cystitis or urethritis, but continue for the remainder of the woman's life. If a vesico-vaginal fistula is formed, it may be kept open until the bladder can resume its functional activity, when the fistula may be closed by the ordinary operative procedure. In some rare cases we may have to decide upon one of these methods, rather than let the patient endure, through a series of years, an amount of suffering, of both body and mind, unequalled, perhaps, by any other infirmity to which women are subject.

The different affections of organs contiguous to the urinary tract, capable of producing dysuria, may be classified as follows, viz.:

1st Those belonging to the uterus and its appendages.

2d. Those belonging to the rectum.

3d. Those belonging to the vulva.

Displacements of the uterus, by producing traction along the base of the bladder, lead to vesical irritability and dysuria. Inflammatory processes in the cellular tissue surrounding the lower part of the uterus and base of the bladder, tumors compressing the urinary tract or displacing the uterus, and prolapsus of the anterior wall of the vagina, by which a cystocele or pouch-like projection of the base of the bladder is formed, will all be recognized as causes of painful micturition very frequently met with, requiring appropriate treatment.

The disease of the *rectum* most liable to produce painful urination are hæmorrhoids, fissures, and ulcers, all of which are liable to be overlooked unless attention is directed to them by the patient herself. Foreign bodies in the rectum, such as prune-stones have caused vesical irritability and prolonged retention of urine.

The diseases of the vulva most likely to produce dysuria, are such as are located near or involve the meatus urinarius and its vestibule. These are also very likely to be overlooked, especially when they are associated with other affections sufficient in themselves to account for the painful micturition. Erosions or ulcers upon the vestibule, vascular tumors springing from the meatus, prolapsus of the mucous coat of the urethra, and polypi, belong to this class.

They may all be diagnosed by means of the cylindrical speculum, without exposing the patient or subjecting her to the mortification aris-

ing from a knowledge of the fact that these parts are being inspected. The instrument is introduced into the vagina and the woman protected by a covering, as in the ordinary vaginal examination with the speculum. As it is withdrawn the pressure of the distended perinæum from below raises the point of the speculum sufficient for it to glide between the labiæ minoræ and separate them at their upper part, disclosing to the view, through the lumen of the speculum, the vestibule, with the meatus in the lower part, and clitoris above. If any abnormality exists, it will speedily attract the attention of the experienced physician, without occasioning any delay in the removal of the instrument. The frequency with which I have found dysuria depending upon affections of this region, induces me to make a visual inspection of the part in this manner, in every case demanding an investigation, if a digital exploration has failed to reveal the true cause of the difficulty.

Erosions and ulcers usually originate in a diseased condition of the muciparous follicles surrounding the urinary meatus, caused by uncleanliness, syphilis, etc. They present a raw, inflamed, and sensitive surface, exposed to the contact of urine during micturition, and require to be kept regularly cleansed and treated by the internal administration of perhaps Silicea, Kali bi., Mercur., Hepar, or Lachesis, as may be indicated.

Vascular tumors are frequently met with as little growths attached to the edge or projecting from the orifice of the urethra. They are very sensitive, bleed easily, and present a red, angry, or jellylike appearance. They are so very sensitive that the most profound anæsthesia is necessary to abolish the pain induced by touching them. Although they are often small in size they may be the cause of such distress as to lead to great depression of spirits and even insanity, No age is entirely exempt from them ; yet married women of 30 or 40 years of age have them most frequently developed. Inasmuch as these vascular tumors are the cause of so much distress, we do not seem justified in allowing them to remain after their detection and diagnosis.

Carbolic acid will diminish their sensibility for a time if applied locally, and Thuja or some other remedy may effect their removal. Yet if they are attached by a long pedicle we prefer to remove them by the scissors or knife, or if attached by a broad base the galvano-cautery loop or red-hot needle may be preferred, so as to avoid hæmorrhage. By their removal the patient is relieved of the most distressing pain, yet she will be liable to a return of the growth unless the appropriate homœopathic remedy is administered.

Calc. carb. will be indicated when the continuous suffering has developed a condition of mind characterized by disordered functional action from anæmia of the brain. She is forgetful, uses wrong expressions, finds it difficult to think correctly ; is depressed, melancholy, and apprehensive ; fears she is going crazy ; urine offensive and voided with pain ; menses profuse every two weeks.

Lycop.—Sharp pains are felt in the labiæ near the tumor. Sensation of dryness in the vagina. Menses delayed or suppressed. Abdomen bloated, with rumbling of flatus in the hypochondria Pain in the back before urinating, relieved by passing urine, but a jerking-cutting pain continues in the urethra and meatus for some time after urination.

Mercurius.—Urine dark red and turbid, sometimes mixed with blood ; very painful urination, with nightly aggravation, in syphilitic patients.

Nitric acid.—Sharp stitching pains in the tumor ; urine smells very strong ; smarts very much when it is voided. Mercurio-syphilitic patients.

Staph.—Burning pain on urination, with urging afterwards, as though the bladder was not empty. She is much depressed in spirits; her feelings are very easily hurt by the slightest word or act which seems wrong to her.

Thuja.—An important remedy, particularly indicated when there are cauliflower excrescences about the anus or vulva.

Eucalyptus,—In low potency has been used by Dr. Sartain in one case with good results.

Sometimes we find a prolapsus of the mucous coat of the urethra, especially in children, which produces dysuria. It may be distinguished from the irritable tubercle by its being circular in shape, involving the whole circumference of the meatus, being less sensitive, and not bleeding as readily. It is mostly amenable to treatment, Cantharis being the most frequently indicated remedy.

DEPARTMENT

OF

SURGERY.

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1874.

HYDROMENINGOCELE TREATED BY PNEUMATIC ASPIRATION.

BY J. H. M'CLELLAND, M.D., PITTSBURG.

It was the intention of the writer to have presented a paper on the general subject of pneumatic aspiration, and especially to refer to his experience with the aspirator in hydrothorax, hydropericardium, ascites, hydrocele, abcesses, and hydromeningocele, but it must suffice at this time to speak only of its use in the last.

The treatment of spina-bifida has rarely been followed by any beneficial result.

The drawing of the effused fluid with a trocar, and the employment of injections of Iodine, etc., have seldom been productive of any good, although I have been made acquainted with a case treated by drawing off the fluid with a trocar, by Dr. Hofmann, of Pittsburg, in which the deformity was finally remedied. This, however, is a very exceptional case. The difficulty depending upon an arrest of development of a portion of one or more vertebræ, by which the contents of the spinal cavity, relieved of its retentive pressure, gradually forces its way out, taking with it the meninges of the cord, and very much after the manner of hernia, offers barriers very difficult indeed to overcome.

The only cases of a similar character upon record, as far as I know, are given in Dieulafoy's most complete treatise on Pneumatic Aspiration, issued in this country by Lippincott & Co., in 1873.

These cases are two. The first, by Dr. Camora da Cabral, communicated to the Society of the Medical Sciences, Lisbon, in 1872, a typical case of this lesion, which was treated by persistent and repeated abstractions by Dieulafoy's aspirator, and which resulted in a perfect cure.

The second was furnished the author by Dr. Rasmussen, of Copenhagen, and was treated in March and April, 1871, requiring eight aspirations.

This case was also a clearly defined one, occurring in the lumbo-dorsal region, had attained the size of an orange, and resulted in a perfect cure.

Now these cases, to be sure but two in number, giving results so entirely different from what had hitherto been obtained, certainly introduced a new era in the treatment of this affection, and place us under renewed obligations to the discoverer of pneumatic aspiration.

The harmlessness of the method is also a feature that commends itself to the general practitioner.

The principle of pneumatic aspiration, as given by Dieulafoy, I need hardly say, is the procurance of a *pervious vacuum*, made available through the instrumentality of very fine tubular needles; the extreme delicacy of these needles rendering their introduction into almost any organ of the body—however vital—practically harmless.

As a means of diagnosis in deepseated affections where fluid formations are suspected, this method takes front rank.

The case of hydromeningocele dependent upon bifid spine to which I call your attention, was a thoroughly typical one.

Immediately upon the birth of the child, a small protuberance was observed in the lumbar region, about the size of a coat button. Upon examination it was observed that there was a deficiency in the spinal column, that the integrity of the vertebral arches to the extent of an inch was impaired.

The physician in attendance said nothing could be done. In the course of a month the tumor had attained the size of a walnut, was extremely sensitive to the slightest touch, rendering the child difficult to handle and very nervous; although the functions of the bladder and rectum were normally carried on, and there was no paralytic condition of the extremities.

The anxious parents from this time made it their duty to consult one and another in the profession, receiving from each the assurance that nothing could be done.

When brought to me the child was three months old and in moderately good health; the tumor had attained the size of an orange, was extremely sensitive, and the integumental covering very thin, as though it would certainly give way before long.

I pronounced it a case of spina-bifida, taking the form of hydromeningocele, as others doubtless had before, and proposed at once its treatment by pneumatic aspiration.

After some delay the parents consented and I proceeded to withdraw the fluid. About three ounces of almost colorless liquid were abstracted, containing no albumen. In three days the tumor had again filled and was again reduced.

The effect on the child was to make it very nervous and sleepless, with inclination to draw back its head, and other symptoms of cerebro-spinal trouble. This gave way under the use of Helleborus, and the child thenceforth progressed without much general disturbance.

The remedy given all through, with occasional intermissions, was Calc. phos.

It is needless to refer in detail to the numerous tappings. Suffice it to say that it has required about twenty, many more than either of Dieulafoy's cases, the quantity varying from one-half ounce to three ounces, at intervals of from two to six days

The present condition of the child is one of general improvement. The tumor has become contracted and hardened, and judging from the two cases above referred to, has progressed to a favorable termination.

1874.

AN OPERATION FOR DOUBLE CATARACT.

BY MALCOLM MACFARLAN, M.D., PHILADELPHIA.

Successful Removal of Cataract in both Eyes.—Mrs. Catharine S——, æt. 45, living at 1353 Hancock Street, Philadelphia, had an attack of facial erysipelas nearly three years since, which speedily induced an opaque

condition of the lens, at first affecting the right eye, which became incapable of distinct vision in less than two weeks, and from that time grew worse by degrees until nothing more than light could be discerned. The same was true of the left eye, the disease, however, being rather slower in its development. For over a year previous to the operation she had been blind, unable to distinguish objects, feeling her way or being led about. Her general health was fair; both irides freely responded to the stimulus of light, and examination revealed the stellate appearances of ordinary senile cataract in both eyes. I performed Wecker's modification of the linear method of extraction, the puncture and counter puncture made just within the sclerotica on a transverse line a little more than half way between the horizontal meridian and corneo-scleral junction above. There was no upper conjunctival flap, the section at that part being entirely in the cornea, differing essentially from the ordinary or Graefe's method. The incision measured fully five lines, instead of four and a half, as in the general method, thus affording a greater outlet for the passage of the lens. The iridectomy was freely made, forceps being used instead of the hook, and the lens, after laceration of the capsule, came away on slight pressure. Dressings were removed in four days and union found to be good, with but slight inflammation and excellent vision. This operation was performed on the 11th of April last before students of the summer course, and on June 1st I operated on the left eye in a similar manner, with like results. In the early part of September she was shown to the class, and subsequently being furnished with a pair of four and a half convexes, vision measured with the proper type was found to be in the left eye equal to two-thirds, and in the right eye about three-fifths. She reads clearly and well the fine number one type and enjoys distinct vision at a good distance.

This case is certainly remarkable in that such a happy result should have taken place in both eyes, and is not so much due to the skill of the operator as to the general good health of the patient and the absence of drug treatment to combat the usual attending inflammation, as has been pointed out in previous articles.

1874.

TOPICAL APPLICATIONS.

BY J. C. BURGHER, M.D., PITTSBURG.

At the risk of being thought unfortunate in the selection of my theme, I propose to call your attention to the employment of remedial agents locally. Local treatment, consisting of an almost infinite variety of substances, has been employed in a numerous class of ills, from a very remote period. It is not necessary, therefore, to tell you that the subject is not altogether fresh, nor that it is not presented with reference to its originality. We are told that Frederick the Great made the smallest details of military life as much the objects of his attention as the active operations of war; and the surgeon acting on this principle will accom-

plish far more for the comfort of his patient than he can possibly do by disregarding it. For one I am not prepared to discard all local applications as worthless, although some have, wisely or otherwise, pronounced them even injurious.

If we expect to realize the full benefit of a remedy when topically applied, we must exercise the same care and discrimination in its selection as though we were prescribing a medicine to be taken internally. Local applications are often made in a hap-hazard way and on general principles, without due regard to the particular application suited to each individual case, and the specific relation it has to it, or the quantity to be employed and the time it should be continued.

The great resources of our Materia Medica, and the brilliant results which follow the administration of medicines in accordance with the homœopathic law, have led some to believe that no local means are ever required; and yet we have daily evidences of recovery through the agency of topical applications unaided by any other medication. Why not then admit the fact and endeavor to apply the law of similars in selecting the local medicament, in all cases not calling for some neutralizing or chemically acting agent? To divorce medicine and surgery would be a calamity. While I advocate the internal use of well-selected remedies, I protest against the rejection of local aids. Some affections are purely local in their beginning, and at first affect but a certain limited spot, such, for instance, as local burns, contusions, sprains, parasitic skin diseases, hydrocele, chilblains, hygroma, chancroid, gonorrhœa, etc., which, while merely local, require no constitutional treatment. There are also local manifestations of constitutional origin, such as morbid growths, benign and malignant, hæmorrhoids, indurated glands, erysipelas, rheumatism, etc., for the cure of which a resort to local means alone would be highly injudicious, but where they may often be used as adjuvants to internal medication. All treatment, whether local or constitutional, should be made with a view to facilitate, without interfering with, the natural process of repair. We may often effect permanent good in a negative way by merely and yet really preventing harm.

In operative surgery it is the province of medicine to precede or follow it, or both. In cases formerly regarded as only amenable to operative procedure, medical treatment now intercepts the knife. And where operations are required, the preparatory and after treatment anticipates and combats traumatic fever, inflammation, shock, gangrene, pyæmia, and other possible complications. And yet with all our advantages over the old school in this respect, we should many times fail without a resort to some topical applications, which may range from a simple cerate to a destructive escharotic.

1874.

THE USE OF THE ASPIRATOR IN HEPATIC ABSCESS.

BY H. H. HOFMANN, M.D., PITTSBURG.

Mr. H., æt. 59, by occupation a shoemaker, complained for several weeks of a dull, heavy feeling in the epigastric region. On August 18th I was called to see him; found him with violent cutting pains in the epigastric region, relieved by sitting doubled up in a chair. Diarrhœa had

set in the day previous; stools greenish-yellow, mucous. Tongue thickly coated, and greenish-yellow and slimy, with red streak in the centre. Dyspnœa. Prescribed Colocynthis[3], every hour.

August 20th. No better; gave Baptisia[3], every two hours. Next day no improvement. For the first time he permitted himself to be examined. Found between the epigastrium and ensiform appendix a hard tumor about two inches in diameter. Diagnosis: Hepatic abscess. At this stage I had no hope of arresting the formation of pus. I therefore applied a fly blister, three inches by six, over the tumor, in order to produce adhesions This was allowed to remain on for forty-eight hours, and was followed by warm fomentations. Prescribed Mercurius vivus,[12] every two hours.

August 21st. Pains not so severe, diarrhœa better, but the tumor larger and softer.

August 23d. Can sleep better, tongue not so thickly coated. Continued same remedy and warm applications.

August 24th. Patient about the same, no apparent change in the abscess.

From day to day the change was hardly perceptible, except that his tongue got cleaner and his appetite better.

September 5th. Tumor from four and one-half to five inches in diameter, soft and fluctuating. Complains of great tension and throbbing and burning in the abscess. I now decided to use artificial means for the removal of the pus. The next day, assisted by Drs. Burgher and Seip, the pus was successfully, and almost without pain, removed by Dieulafoy's aspirator. The pus was bloody and greenish-looking, rather thin and very fetid. The relief was almost immediate, and the patient made a rapid recovery. From August 20th to the day that the pus was removed, the patient got nothing in the way of medicines but Mercurius vivus[12], every two or three hours, except one day I prescribed Hepar s. c.[12]; but next day my patient had much more pain, so I returned to the use of Mercurius vivus. The warm poultices were continued for a long time after the operation. The patient is now working at his trade and feels perfectly well.

1875.

FOREIGN BODIES IN THE AIR-PASSAGES,

With Report of a Successful Case of Tracheotomy for Relief of the same.

BY CHARLES M. THOMAS, M.D., PHILADELPHIA.

There is, perhaps, no class of surgical cases in which a clearer head and sounder judgment are required than those in which our aid is sought for the relief of obstructions in the air-passages. We probably find the patient suffering the most direful agony, in his frantic struggles for breath, and there is no time here for consultation or reading up of the case. Relief is wanted immediately, for unless by our efforts timely assistance can be afforded, the danger which is apparent becomes real, and death is almost a certainty.

The majority of the victims of such an accident are children, although adults are by no means exempt.

The usual way in which a foreign body finds entrance to the air-passages is through the vocal chink. It takes place during a forcible inspiratory act, as, for instance, from sudden fright, or a fit of laughter, while the mouth, nose, or pharynx contains some movable body. The substance may also pass in, though much less frequently, through a fistulous opening in the trachea, particularly where this communicates with the œsophagus.

Almost an incredible variety of substances have, in one way or another, found entrance into the respiratory organs; among the most common are the stones and seeds of various fruits, as cherries, dates, plums, melons, etc.; grains of corn, pieces of bone, beans, peas, pills, flies, half-digested food, thrown up from the stomach, etc.

The presence of a foreign body in the air-passages, may bring about the most various results. Its entrance may be immediately followed by death, either through complete mechanical obstruction, from the large size of the body, or through spasm of the glottis, excited by contact of the body with the rima. In some cases, when the substance is quite small, and favorable in form, it may be cast out again by the violent cough which is caused by its entrance. In the great majority of cases, however, the foreign body remains for some time in the air-passages, without bringing on a fatal termination. The patient then suffers from irregularly occurring attacks of suffocation, convulsive cough, great anxiety possibly frequent chills, and very generally a marked change in the sound and perhaps entire loss of the voice. He experiences a sense of rawness inside the chest, particularly at the spot where the substance is lodged, the sputa becomes foamy and bloody, especially when the foreign body is rough or angular. Following the most violent attack of suffocation, we may have more or less complete rest, and freedom from both cough and pain. After an intermission of this sort, a fresh attack sets in, throwing the victim into the most violent convulsions; the face becomes livid, the body most painfully contorted, the eyes become bloodshot, and seem to start from their sockets; the skin is bathed in cold perspiration, the throat is clutched and torn at by the hands, and not infrequently, violent hæmorrhage from the nose and mouth sets in. If the body has stuck fast in the rima, completely filling this space, and is not dislodged, the extremities soon become cold, unconsciousness follows, and the patient dies of suffocation. When the body has passed the larynx, and rests in the trachea, the symptoms are not nearly so violent, and may cease entirely for awhile, but renewed and most distressing attacks are almost sure to follow, particularly when the body is loose, and liable to be thrown up into the laryngeal cavity, and any one of these paroxysms may prove speedily fatal.

The most sensitive portion of the respiratory tract is the upper vocal chink, and the least contact here sets up the most violent attack of coughing. If the foreign substance has penetrated farther than this, it no longer causes so great an irritation, and so long as it remains below this point, the danger is more from the mechanical impediment it offers to the breathing, by closing or narrowing the air-passage The foreign body may become impacted at any point, particularly if it be sharp and angular; or being of an animal or vegetable nature, expands on coming in contact with the warm, moist mucous membrane of these parts. On the other hand, if it be small, smooth, and does not increase in size, it may, during breathing, be driven up and down the trachea, so that during an inspiration, it may be drawn into one of the bronchi, and by the

following expiration be driven up to the larynx. Indeed, when there is much mobility of the body, it can be very distinctly heard in its passage up and down. In such cases it is liable at any time to stick fast in the larynx, and so bring on a fatal attack of strangulation, or it may remain in and block up a bronchus. At times, in consequence of violent and ineffectual straining, the air is greatly compressed in the lungs, by which the lung-cells and finest bronchial branches are forcibly dilated, and finally ruptured. In this manner we have *pulmonary emphysema*, and finally, *general emphysema* setting in—the air passing from the lacerated lung-cells into the mediastina, and thence into the connective tissue of the neck and trunk; or a *pneumothorax* may follow, if the pleura covering the torn vesicles gives way as well. Should the violence of the acute symptoms abate, and the foreign body still remain undislodged, we may yet have the constant irritation, caused by its contact with the delicate mucous membrane lining the respiratory tract, keeping up an incessant cough and catarrhal inflammation, and finally ending in ulceration of the laryngeal, tracheal or bronchial wall, at that point where the body is lodged. This *may* result in a relief of the impaction, so that the body becomes movable, and is finally coughed up; but if the substance remains firmly fixed, the ulcerative process advances uninterruptedly, and at last ends in perforation of the air-passage. Even after this the case may terminate favorably should an abscess form about the body and break outwardly; or a vomica establish itself, and, emptying into a bronchial branch, discharge its contents, including the foreign body, by the mouth. As a rule, however, such cases soon take on the appearance of *phthisis pulmonalis*, and, even though the body be gotten rid of, will eventually prove fatal. *Acute pneumonia* may set in shortly after the accident, and so end the patient's life; or the foreign body being removed, it may run a favorable course, and leave the lungs perfectly sound. Lastly, though very rarely, it is possible for the body to remain in the air-passages for months, or indeed years, without causing any evil consequences.

The diagnosis of a foreign body in the air-passages, is at times a matter of considerable difficulty, notwithstanding the apparently well-marked symptoms attending the accident. With children one is more liable to err than with adults, as the latter can, as a rule, on the subsidence of the paroxysm, give a clear account of what has happened. Hence we find that one of the first and most important points in the diagnosis is the history of the accident, a description of the size and appearance of the object, the order in which the symptoms appeared, etc, although this is frequently impossible to obtain with any degree of accuracy. If the body is found to be of too great a size to pass the rima glottidis, we may infer that it is sticking fast in the œsophagus, and causes the cough by its pressure on the trachea. If it was a body of smaller size, we must in all probability search for it in the air-passages, for a small object situated in the pharynx or œsophagus would hardly be capable of exciting attacks of strangulation. If it be situated in the upper part of the larynx we can easily detect it through the mouth by means of the finger, or, in the adult, with the aid of the laryngoscope. In children the case may often be rendered doubtful if the little patient happen at the same time to be suffering from a disease which causes him spells of coughing and difficult breathing. Thus, in *croup* and *whooping-cough*, the violent paroxysms might very easily be mistaken for strangulation from a foreign body, particularly if the child has shortly before had articles in his hands or mouth that could readily be swallowed. In such cases, one very important point in the diagnosis is the fact that in these diseases the

respiration is mainly interfered with during the inspirium, while a foreign body will produce difficulty principally during the expirium. Another difficulty to be met in deciding upon the presence of the foreign body, is the possibility of its having been thrown up into the mouth and immediately swallowed, the existing symptoms being the result of the irritation previously set up by its presence. Auscultation will here very frequently throw some light upon the subject. If the body be movable, it may be heard in its passage up and down the trachea; when it is not so, but fixed in the trachea or one of the larger tubes, it is not unfrequently possible to make out through the chest-walls a peculiar squeaking, whistling, or valve-like sound, indicating the position of the body. If the body lodges in a bronchus (and when it does it is generally the right) or bronchial branch, and is large enough to more or less completely close its calibre, we generally hear in the other lung an increased vesicular murmur, while on the side of the obstruction, according to the degree of impediment in the bronchus and the mobility of the foreign body, there will be found a whistling, rattling, and later, where the irritation has set up an increased exudation, coarse moist râles. Should a portion of the lung be cut off from entrance of air, the respiratory murmur over this area is lost, and percussion elicits here a less clear tone. A very frequent source of error is the marked *intermission* of the symptoms. It may appear rather singular, and yet it is a matter of fact, that a child with a foreign body in the larynx may have intervals of complete freedom from trouble, may seem perfectly cheerful, and play about as usual, without any symptoms betraying his critical condition.

The prognosis in cases of foreign bodies in the air-passages is naturally very dubious. It will always be influenced by the nature of the substance, the portion of lung involved, strength of patient, etc. With children the prognosis is more unfavorable, owing to the greater sensitiveness and smaller calibre of the passages.

Treatment.—So soon as we are convinced of the presence of a foreign body in the windpipe, it becomes our duty to lose no time in effecting its removal. At first sight, the simplest method of accomplishing this would appear to be the *inversion* of the body, accompanied by sharp blows on the back, with the view of dislodging the substance and allowing it to be expelled through the mouth. Practically, however, this is not a procedure to be generally recommended, as it has succeeded in but few cases, and those only when the body was of high specific gravity. The exciting of coughing, sneezing, or gagging, with the patient in a prone position, and the upper part of the trunk dependent, has in rare cases brought about the desired result. But even though we should in this way succeed in moving the body from its position, we still run a great risk of its being caught in the larynx on its way out, and thus bring on sudden death by spasm of this organ. If the method by *inversion* is used at all, it would probably be most safely performed under deep narcosis, when the muscles of the throat and larynx are perfectly relaxed, so that the narrow vocal chink may offer as little impediment as possible. On the whole, however, such attempts are often fraught with loss rather than gain to the patient, inasmuch as they have frequently resulted in a fatal postponement of operative interference. During these vain endeavors by milder means to avoid the use of the knife, many a patient has lost his life; or in this time had suffered such an aggravation of his condition that the so tardily performed operation has been of no avail. We should beware of permitting our fears to be lulled to rest by the apparent mildness of the attack and occasional complete intermission of all symptoms, or allowing ourselves to be deceived by the hope that

the body may have been carried away in the great quantity of mucus which the patient has been coughing up. So long as we have no positive proof that this is the case, and there is still a fixed circumscribed pain, and we hear, even though it be only at intervals, a whistling or rattling in the chest, operative measures are called for, either immediately, or at farthest on the very first appearance of a renewed attack of strangling. At the same time we are not to forget that a cutting operation may in the adult sometimes be avoided, when the foreign body is situated high up in the larynx; in which case it is possible to get a clear view of it by means of the laryngoscope, and with a pair of laryngeal forceps withdraw it without doing violence to the larynx; but when it is lodged well down in the cavity of the organ, it would hardly be possible without a long course of training, to render the parts sufficiently tolerant of contact to allow of the necessary amount of manipulation requisite for its removal, and the time demanded for this could scarcely be had in such emergencies. Hence, everything considered, we may safely lay down the rule, that *so soon as the surgeon has satisfied himself that there is a foreign body in the air-passages, he should temporize as little as possible and proceed to lay open the windpipe without unnecessary delay.*

It is for the removal of foreign bodies that the operation of *tracheotomy* wins its brightest laurels. Of 141 cases reported by a German authority, 101 resulted in complete success, while in 166 operations for *croup*, collected from a number of selected individual reports, there were but 100 recoveries. "The operation may be performed anywhere between the thyroid cartilage and the sternum, but convenience and safety limit the choice more narrowly. The space between the thyroid and cricoid cartilages, though covered with little besides the integuments, and so far favorable for the purpose, is objectionable in general on account of the difficulty which has been experienced in obtaining here a sufficiently large aperture, without encroaching on the cartilages of the larynx. In opening the trachea near the sternum, the depth of the tube, which retreats backward as it descends—the presence of the thyroid veins in the line of incision, or even occasionally of the *thyroidea ima* artery—and the transverse portion or isthmus of the thyroid gland, which often, especially in females and children, leaves hardly any accessible space below its inferior margin, are obstacles of no inconsiderable importance. The most convenient situation, when accessible, seems to be immediately below the isthmus of the thyroid. In some cases the opening is made just below the cricoid cartilage, and at times the isthmus of the gland cut through, to give more room for manipulations."

The instruments required for tracheotomy, as ordinarily performed, are, a scalpel, artery and dissecting forceps, double hook, scissors, two tenacula, two blunt hooks, ligatures, sponges, long-curved trachea forceps, and a tracheotomy tube, although the last is rarely needed in operating for a foreign body.

The skin is to be divided as accurately as possible in the median line, from a little below the cricoid cartilage to within an inch of the sternum. Any vessels that are cut should be tied, as it is very important to avoid bleeding, not only lest the parts should be obstructed, but lest the blood should get into the air-passages. The surgeon comes next to the space between the sterno-hyoid muscles, and working down through this, he comes upon the trachea, the thyroid body being held up if necessary with a blunt hook. All bleeding being checked, a tenaculum is hooked into one of the upper of the exposed rings, and the tube slightly drawn upward and forward, so as to steady it, while a bistoury is entered through one of the lower spaces, its edge upward, and then, the handle being de-

pressed so as to bring the edge forward, is carried firmly and steadily upward so as to divide three or four rings with the intervening membranes. At this point, instead of introducing a tube through the opening, as in tracheotomy for other affections, the edges of the incision in the trachea should be held asunder by a couple of hooks or ligatures, until the source of irritation is expelled by the forcible stream of air which it occasions. The moment the incision into the trachea is finished, the patient should be turned on his face, with the head hanging down, and slapped sharply on the back for the purpose of loosening the body and favoring its expulsion. Should the foreign body not appear at the opening, a pair of curved slender forceps may be employed for searching the trachea both above and below the point of incision. If this exploration is not soon successful, it should be desisted from, for fear of doing injury to the parts, and the patient left, with the wound held wide open by hooks caught in the sides of the incision, including the trachea, and fastened in position by tapes tied about the neck. When the body is in the larynx, a canula had better be introduced, as it does not interfere with the expulsion of the body, and at the same time prevents its passing farther down the passage. Should the foreign body be expelled, the greatest danger is over, and we now have only to combat any inflammation of the air-passages that may have resulted from the irritation produced by its presence.

With this brief sketch of the operation, I will now proceed to the report of my own case.

On the 1st day of June last, Joseph Meyer, æt. 4 years, whilst playing with a handful of corn, was seized with a very severe paroxysm of coughing and strangling, which lasted about half an hour, when he became perfectly quiet, leaving the family at a loss to know what had produced the attack, little credit being given to the statement of the child, that he had "swallowed a corn." From this time till the 6th of June he was troubled more or less with a dry, harsh cough, complaining at such times of pain in the region of the left nipple. On Friday, the 4th, he had another attack similar to the first, in which he was carried to the office of Drs. D. M. and Van R. Tindall, who informed the parents of the probable presence of a foreign body in the air-passages, and advised surgical interference in case the child was not soon free of trouble. On subsidence of the paroxysm, however, he appeared so thoroughly relieved, as to lead the family to suppose that all danger was past, but on Sunday, the 6th, he awoke with a severe cough and pain, which became aggravated as the day advanced, till, at 10 A.M., he broke forth into another violent coughing fit, which continued, with more or less severity, until just before I saw the case, about 2 o'clock, P.M.

On inquiry I learned that the first paroxysm of the previous Tuesday had come on while he was screaming with fright caused by a drunken man, who had suddenly come upon him in his play. Some of the bystanders were positive that they had seen grains of corn in his mouth a moment before, hence it was reasonable to suppose that, during a sudden deep inspiration, he had drawn one of these grains into his windpipe. Physical examination gave the following: Respiration 50 per minute and labored, temperature 102°, pulse 140, right lung more active than left, apparently increased vesicular murmur on the right side, coarse mucous râles on the left; also, on the same side, a peculiar harsh rasping sound principally during the expiration. When asked if he felt pain, he invariably answered in the affirmative, placing his hand inside the left nipple. These physical signs, together with the history of the case, led me to diagnose a foreign body in the air-passages, and probably situated in the left bron-

chus. On consultation with the Drs. Tindall, it was decided that tracheotomy alone could give relief, and at 4 P.M. I performed the operation, assisted by Drs. D. M. and Van R. Tindall, and my student, Mr. J. F. Frantz.

After etherization, the little patient was placed upon his back on a firm table, with the shoulders well raised by a pillow, so as to bring the neck upon the stretch. A free incision was made from the lower border of the cricoid cartilage to within a half inch above the sternum. The superficial fascia was carefully cut through on a grooved director, but on reaching the deeper more vascular structures, both knife and director were laid aside, and the remaining parts down to the trachea divided after a method I had seen employed by Bilroth, of Vienna. A strong pair of dissecting forceps is taken in each hand, and the tissue directly in a line with the trachea grasped by the forceps, one on each side at the same point; keeping firm hold, the forceps are separated from each other, thus lacerating the tissue lying between them. By this tearing process I made my way carefully down to the trachea, exposing it to the extent of a good inch without losing but a few drops of blood; hence I was enabled to open the trachea without the delay so generally required in the endeavor to check hæmorrhage. The thyroid gland, which was not inconveniently large, I pushed downward, and running the point of a small tenaculum through the uppermost ring of the trachea, so held the tube firmly while I opened it to the extent of about half an inch. Across the centre of this I made a short transverse incision, and with the scissors clipped off the four corners so formed, thus giving me free exit, as I supposed, for all matter contained in the air-passages. Immediately on opening the trachea quite an accumulation of mucus followed the knife, and the respirations became very rapid and violent. I now quickly turned the child on his face with head and chest dependent, and gave him several sharp slaps on the back, hoping to bring the grain of corn to the tracheal opening, but without avail. The disturbance in the breathing soon subsided, and took on a more natural character than before the operation. In order to keep the incision in the trachea free I improvised two hooks by bending hairpins at an acute angle, inserting the blunt ends one on each side into the opening, fastening them firmly in place by a connecting band tied behind the neck. Not having suitable trachea forceps at hand, I made no exploration of the passage, hoping the grain of corn might be thrown out afterward during the effort of coughing. Several thicknesses of wet tarletan were placed across the neck over the wound, and in order to have the air as non-irritating as possible an open vessel of water was kept constantly boiling in the room. The child was left for the night with competent watchers, who were instructed to clear out the wound with dressing forceps and small pieces of sponge whenever signs of obstruction of the opening were noticed. The little patient passed a tolerably comfortable night, although great difficulty was experienced in preventing the opening from blocking up with dried and thickened mucus. During the next forenoon the symptoms became less favorable. There had been very little cough since the operation; respiration, 48 to 50 per minute; pulse, 140; temperature 103° F.; and coarse râles on both sides of the chest. On account of the swelling about the wound we had considerable trouble in keeping the retractors in place, and consequently in preventing the soft parts from encroaching on the tracheal opening. About 3 P.M., during my absence, a sudden spell of coughing and strangling set in, and in spite of every effort the respiration became more and more labored, and finally ceased altogether, and on arriving at 4 o'clock I found the child almost moribund, and the

family mourning it as dead. I immediately examined the wound, and found that a plug of tough mucus had become impacted in the tracheal opening, completely shutting off the entrance of air at this point. On removing this obstruction the respiratory movements commenced, and he was soon again quite conscious, although from this time he no longer breathed through the mouth nor spoke, the respiration being kept up entirely through the tracheal opening. The latter I however made somewhat larger by clipping away the sides so as to have a good-sized circular aperture. It was at the time a matter of considerable conjecture as to what could be the cause of the obstruction in the larynx, and several attempts were made, by temporarily closing the opening, to induce the child to use the larynx, but without avail. I concluded, however, to wait until he had gained sufficient strength before making any exploration for the purpose of ascertaining the exact nature of the trouble here. He was watched closely day and night, the trachea being kept clear by means of curved forceps; the respiration gradually became easier, the temperature and pulse reduced, the lung-sounds much improved, and by the following week all irritation in the lungs had subsided. Although the terrible struggle he had passed through had caused extreme emaciation he now grew stronger every day. On Tuesday, the 15th, he was again etherized, and assisted by Drs. P. Weaver and J. F. Frantz, I dilated the opening in the neck, and discovered through this a yellowish body lying well up in the cavity of the larynx. After much careful manipulation I had the extreme satisfaction of withdrawing with my forceps a large-sized grain of Indian corn. It had evidently been thrown up into the larynx during the last paroxysm which so nearly terminated the little one's life. From this time improvement continued uninterruptedly, a tracheotomy tube being used until the laryngitis had subsided, which was about the 25th of the month. The removal of the tube was followed by a complete restoration of the function of the larynx and rapid closure of the wound.

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FISTULA IN ANO.

BY A. R. THOMAS, M.D., PHILADELPHIA.

The frequency of this very troublesome complaint is such as to make it worthy of the most careful study on the part of the surgeon. From the erroneous views entertained, both on the part of laity and profession, as to the safety of curing these cases by operative procedure, many cases are permitted to continue from month to month and year to year, causing much suffering and inconvenience, and often so undermining the health as to lay the foundation for more serious diseases.

By fistula in ano, the surgeon understands a fistulous canal in relation with the lower portion of the rectum. Three varieties are recognized: 1st. The *internal blind* or incomplete; 2d. The *external blind* or incomplete; and 3d. The *complete*. In the first variety, the fistulous passage commences at the mucous surface of the bowel at some point above though near the anus, and extends downwards and outwards, without opening

upon the cutaneous surface. The *external incomplete* form consists in the presence of a passage commencing at a small opening in the integument near the anal orifice, and extending upwards without opening into the bowel. In the *complete* form, there is a continuous passage from an opening upon the surface, to one in the mucous membrane of the bowel, through which there may be an escape of both wind and fecal matter from the rectum.

Of these varieties the latter is by far the most frequent. The blind *internal* form may exist as such for a time, but is most sure sooner or later to break through upon the external surface, becoming thus a complete fistula. In many cases, also, of supposed blind *external* form, the surgeon failing to discover an internal opening, the fistula may be proven complete by a method of examination hereafter given.

No period of life is exempt from this disease; it is found more frequently, however, in adults, children and the aged being much less liable to the affection. Persons in all conditions of life also are liable to this trouble, although it is much more frequent in males than females.

The number of external orifices in cases of anal fistula, may vary from one, the more frequent number, to three or four, and Gross mentions one case in which there were seven. The position of the openings may also vary from a point just outside of the anus, to an inch or more from the same The internal orifice is usually single and small, and situated within a fourth of an inch of the verge of the anus, although in some cases it may be as high as an inch.

The size and direction of the fistulous tract will be found to vary considerably; in some instances being quite straight, in others making a semicircular sweep from an external orifice on one side to an internal opening on the opposite. They may also present cavities or saclike dilatations, which may be found filled with offensive purulent matter. The tissues about these fistulous tracts will frequently be found so hardened as to enable us to detect their position and trace their course by external pressure, particularly in cases of long standing.

Ætiology.—The great majority of cases of fistula in ano probably arise from or are the result of a single phlegmonous abscess in the immediate vicinity of the bowel. If this abscess breaks and discharges into the rectum, we may have formed thus an *internal* blind fistula, while if it discharge externally, we may, on the other hand, have resulting the *external* blind form. In the majority of cases, however, if an examination be made, even within a comparatively short period after the breaking of the abscess externally, a communication will be found also with the bowel.

The suppuration of hæmorrhoidal tumors, no doubt, sometimes results in the establishment of fistula of the anus, but this is a much less frequent cause than simple abscess. Another very probable cause of anal fistula may be in the establishment of a point of ulceration upon the mucous membrane of the rectum, from an injury received by the presence of a piece of bone or other foreign body which may have been accidentally swallowed, or from violent straining from constipation; this ulceration extending into the deeper tissues, thus forming a blind internal fistula, but which will be likely ultimately to result in the establishment of the complete form. It is not difficult to understand that after the commencement of a point of ulceration from any of the above causes, the continued irritation from passing fæces, or the lodgment of particles of the same within the cavity of the ulcer, the destructive process may extend to the submucous tissues, and thus end in the establishment of a fistula.

Another undoubted cause of fistula in ano is a scrofulous diathesis;

hence the frequent association of this affection with phthisis, to which it may, perhaps, bear the relation of either cause or effect. (To this latter subject I shall again refer.) Exposure to wet and cold, no doubt, plays its part in inducing rectal abscesses and fistula in adults. While in children the presence of worms or injuries in the region of the anus, are believed to be the more common cause.

Diagnosis —The diagnosis of anal fistula is generally not difficult. It should always be suspected where a patient complains of having had an abscess in the region of the anus, followed by a persistent soreness, and particularly if accompanied with indurations and continuous or occasional discharge of a bloody or purulent fluid. For an examination of the case, the patient should be placed on the affected side, near the edge of the bed, with the knees well drawn up, the nates being separated. A careful visual examination will generally expose, near the anal orifice, one or more small conical bluish points, surrounded by a slight appearance of inflammation, and indicating the position of the external orifice of a fistula. By carefully feeling the parts, there will generally be detected a hardness beneath the surface, which will indicate the position and course of the fistulous tracts. An oiled probe may now be passed into the opening, which will be found at the base of the papilla before mentioned, and gently passed along the sinus as far as it will go without using force. The index finger of the left hand, being well oiled, may now be passed into the bowel, the patient being directed to relax the sphincter as much as possible to facilitate the introduction, the point of the probe felt for, and in the majority of cases the same will be found within the rectum.

In some cases, either from the small size of the opening or from the tortuous course of the sinus, there may be difficulty in detecting the internal orifice. In such cases the anal speculum may be used to advantage. This instrument being introduced, with the opening towards the suspected site of the internal orifice, a bent probe or a blunt hook may be used for feeling about the part, when it will frequently fall into the opening, and may be made to project beneath the skin externally. In some cases the most careful examination with the probe alone may fail to detect the internal orifice, and the surgeon may conclude he has a case of blind external fistula. Before coming to such a conclusion, however, he should resort to a method first employed, so far as I know, by Dr. Charles M. Thomas, of Philadelphia, and suggested to him by seeing Professor Simon, of Heidelberg, use the same plan in detecting the vaginal orifice in cases of vesico-vaginal fistula. The method consists in injecting the fistula with *milk*. A small syringe being filled with this fluid, the pipe is introduced into the external opening, the speculum having been first passed into the rectum, and slowly discharged, when, if there be an internal opening, the milk will be found flowing into the bowel, making it easy to detect the point of entrance.

In the examination of all cases, an exploration of the rectum should be made as high as the finger may reach, with a view of ascertaining if there be any stricture or scirrhous condition of the bowel, or other complication. If the parts be very tender and painful, it would be better to have the patient under the influence of an anæsthetic during the examination, everything being ready for an operation, should one be deemed necessary.

Treatment.—It is well known that anal fistula very rarely heals when left to take its own course, or when treated by internal remedies alone. Mr. Allingham, of St. Mark's Hospital, London, who has treated over 1200 cases of anal fistula, reports thirteen cases only cured without an operation. Of these the greater number were of the blind external

form. All were probed, and several treated with injections of various kinds; none were what could be termed bad cases, and for only three could there be claimed a spontaneous cure

The explanation of this rare occurrence of a spontaneous cure may be found perhaps in the following circumstances: First, the tissues immediately around the rectum consist largely of loose areolar tissue and fat, affording thus a poor support to the bloodvessels; second, the veins of the part are without valves, thus favoring a stagnation of the blood; while, finally, from the movement of the bowels, and the *action of the sphincter muscle*, such a motion of the parts is kept up as always interferes with the formation of granulations.

There are few homœopathic physicians that have not prescribed remedies for anal fistula; but how rarely do we hear of a cure! In Raue's *Record of Homœopathic Literature*, for the past five years, only three cases are reported. One was cured by Arsen., one by Silicea; while the third cure, in addition to the internal use of Phos., Silicea, Mezer., Nit. ac., and Causticum, was treated by injections of aromatic wine and the local application of Vienna paste. In the former cases, the description is such as to leave doubt as to the correctness of the diagnosis; while in the latter, the cure is probably to be attributed more to the local treatment than to the internal remedies.

While the treatment of anal fistula by internal remedies is attended by so poor results, under proper surgical treatment the disease may be most surely, promptly, and effectually eradicated.

Among the several methods of locally treating this affection, I shall mention, first, that of injections. There is no doubt but that now and then anal fistula may be cured in the same manner as fistula in other parts of the body,—by injecting with various stimulating substances. Cases cured by this method, however, I believe to be generally of the blind external form, and situated at such a distance from the sphincter muscle as to be little influenced by its action; at least the single case cured by this method in my practice was of this character. Among the substances used for injection I may mention aromatic wine, Iodine, Carbolic acid, and Caustic potash, each in a state of dilution. Rest in bed, with a confined state of the bowels for a few days during the treatment, will increase the chances of success.

The necessity of operative interference in the successful treatment of these cases has long been known. It is said that "Louis XIV of France suffered from fistula in ano, but being unwilling to undergo the operation which his medical attendants assured him was necessary, listened to various proposals for curing the disease without having recourse to the knife. Instead of trying these methods on his own person, however, he collected a number of his subjects who labored under the same infirmity, and caused the proposed experiments to be tried upon them. Some of them he dispatched to the waters of Barèges, others to those of Bourbon, and many more he subjected to every form of treatment proposed for the purpose in view. At the end of a year, finding that not a single patient had been cured, his majesty yielded to necessity, and permitted his surgeon, M. Felix, to perform the incisions which he judged proper." (*Symes's Surgery.*) The total fees of the two surgeons, two physicians, four apothecaries, and the latter's apprentices, who were present at this operation, are said to have amounted to $73,500.

The operation for anal fistula, as originally performed by the old surgeons, was a serious, and many times a dangerous operation, consisting as it did in a dissecting out of the walls of the sinus. From a knowledge of the fact that the great obstacle to the healing of these cases lies

in the continued action of the sphincter muscle, at the present time the operation consists in simply laying open the tract of the fistula, at the same time *dividing the sphincter muscle*, and thus destroying its action for a sufficient length of time to permit of the healing of the parts from the bottom, and thus obliterating the fistula.

For the performance of this operation various instruments have been devised, and several different methods proposed; but probably the simplest method is the best, and in that the only instruments required are a common bistoury, either straight or curved, a grooved director, and a probe. The steps of the operation are as follows: The bowels having been emptied by an enema, the patient should be placed in the position before-mentioned for the examination, and the nates separated by an assistant. The fistula having been examined and the position of the internal opening detected, a probe-pointed grooved director, well oiled, may be passed into the external opening, along the sinus, and into the bowel if possible. The index finger of the left hand may now be introduced into the rectum, the point of the probe caught by the same, when, the patient being told to strain or bear down, the point may be readily brought down and out of the anus. The tissues may now be easily divided with the bistoury.

Should there be no internal opening,—which is very rarely, however, the case,—at some point there will be found but a thin layer of tissue separating the point of the probe from the finger; at this thin spot the probe may be worked through, and then brought down by the finger.

Should more than one external opening be present, the director should be passed into each separately, carried on until it appears within the line of the first incision, and the tissues be divided as in the first case. A careful examination should also be made for detecting any lateral sinuses or burrowing into the surrounding tissues, or for any extension of the sinus above the internal opening into the bowel, either of which must be carefully laid open, or the operation may be a failure.

In many of the older works on surgery, we are directed to lay open the fistula with the blunt-pointed curved bistoury, catching the point of this, when passed through the fistula into the bowel, in the same manner as the director, and as it is brought down by the finger, gradually dividing the tissues. This will be found, however, much more difficult and less expeditious than by the use of the director.

After the operation the wound should be packed with lint, and the dressing kept in place with a T bandage. On the second day the dressing may be removed, after which a piece of oiled linen rag may be placed between the parts, which will be found sufficient to prevent the too early union of the edges. The parts should be kept clean by daily washing with tepid water until healed.

As in operating for the blind *external* fistula we make an opening into the bowel, converting it thus into the *complete* form, so in the blind *internal* fistula, we should endeavor to discover the nearest point of approach of the sinus to the surface, which will generally be indicated by a hardened lump at some point near the anus, and by passing the knife into this, form thus a complete fistula, which may then be laid open in the usual way.

Slight or recent cases of anal fistula may be successfully treated by the ligature; that is, when the canal is short, and just beneath the skin. For old cases with long and deep sinuses, with dense walls, this method is not well adapted. In all cases, treatment by the ligature will consume more time and be accompanied with more pain than when the knife is used. For the introduction of the ligature, a probe with an eye may

be used, a stout piece of twine, or what is better, a shoemaker's waxed end, passed through the eye, and thus by means of the probe drawn through the fistula. It may be left loosely tied, if the patient is nervous and very intolerant of pain, in which case it will take perhaps two or three weeks for it to cut its way through, the fistula gradually healing behind; or it may be tightly drawn, and each day retightened, causing it thus to cut it through in a few days.

Professor Dittel, of Vienna, has recommended the *elastic ligature* for the treatment of fistula with a high internal opening, which are always divided with difficulty with the knife, or in cases where troublesome hæmorrhage may be feared. The ligature consists of a round pure rubber cord, which may be introduced through a canula, the speculum having first been passed, and through which the ligature may be caught by a pair of forceps, and drawn down. The canula being withdrawn, the ligature may be tightly tied, when in three or four days it will generally cut its way through, and the fistula be found healed.

For the treatment of a similar class of cases, Thomas Bryant, of Guy's Hospital, London, has employed the galvanic cautery. The twine being carried through the fistula, the ends are attached to the battery, and when thus heated, by a gentle drawing motion the tissues are rapidly divided, with little pain and with the loss of scarcely a drop of blood.

The écraseur has also been used for dividing anal fistula, and in bad cases, liable to be followed by the loss of much blood, the method is claimed to possess advantages at least over the knife. The difficulty experienced in the introduction of the chain, however, forms an objection to the use of this instrument.

I now pass to the consideration of a subject of much importance,—the relation of anal fistula to phthisis. The opinion has been long entertained, that the cure of a case of fistula by operation exposed the patient to the risk of a development of tubercular disease of the lungs, or at least that persons suffering from a cough, were almost certain, if operated upon, to have pulmonary tuberculosis follow as a result, the theory being, that the discharge of the fistula has a purifying influence upon the system, which, if arrested by an operation, the morbid matter is thrown upon the lungs, giving rise to a cough, and ending in confirmed tuberculosis. If this be true, it is a matter of much importance that it be well understood; on the other hand, if it be fallacious, it is equally important that the theory be exploded.

Authorities upon this subject are divided. Dr. Rush, in his work *On the Rectum*, says: "It is very apparent that a great many fistulæ depend upon disease of the lungs, therefore we should not operate upon them, else the healing will give rise to an increase of the pulmonary disorder and curtail life."

Andral and Louis, both of whom had great experience in pulmonary disease, both state they had rarely observed a conjunction of the diseases; while Andral states that in 800 cases of phthisis, he noticed but one case of fistula.

Mr. Drichsen objects to the operation, except in a few picked cases.

Mr. Bryant, in his *Practice of Surgery*, says: "The existence of pulmonary mischief, if not far advanced, is no argument against the operation; nay, it may be made use of as an argument in favor of surgical interference."

In Holmes's *System of Surgery* we read: "If a fistula be cut when a patient is suffering from phthisis, the wound will not heal."

Allingham, in commenting upon this statement, says: "This, I am bound to say, is not my experience."

Gross says that when the fistula is complicated with serious disease of the lungs, "we cannot be too cautious," and recommends in such cases the use of the ligature rather than the knife.

Symes says: "Unless the fatal disease (consumption) is not so far advanced as to make the slightest surgical interference improper, the operation may be performed, if desired by the patient."

In Smith's *Surgery* we read: "For many years, surgeons have entertained the opinion that in pulmonary tuberculosis the existence of a fistula in ano should be sedulously cherished, as it was thought to exercise a beneficial effect upon the disorder. This opinion has, however, been gradually yielding to more correct views of the origin and progress of pulmonary tuberculosis, and the beneficial revulsive influence of anal fistula is now justly doubted."

Where a man like Mr. Allingham, who can report over 1200 cases of fistula, speaks upon a subject of this kind, his opinion is worthy of attention. In his work on *Diseases of the Rectum*, we find him saying: "For my own part I do not think we have many, if any, clinical facts tending to show that the operation for fistula in phthisical patients renders the lung affection worse, or makes it more rapidly progressive. In saying this, I must not be understood to advocate wholesale indiscriminate operations upon tuberculous patients; but I mean that if care be taken in the selection of the proper cases, avoiding interference with rapidly advancing phthisis, and the operation be performed at the right time of year, and with favorable surroundings, the patients will generally do well, and be benefited and not damaged by the cure of their rectal malady."

Such are the views of some of the most distinguished writers upon this subject, and I think it will be conceded that the preponderance of testimony is against the once popular views upon this question. In my own practice, but a single patient, as far as I know, operated upon for anal fistula, has died of consumption. Although the case developed over a year after the operation (no symptoms of the disease being present at the time), I was at the time led to fear the result might have had some relation to the operation, but my subsequent experience induces me to take an entirely different view. A lady operated upon in June last, had for several years been suffering from occasional bad cough, and her friends had experienced much anxiety as to her lungs, but since the operation her health has been better than for some time before.

Mr. Allingham makes it a rule never to operate upon a phthisical patient while the cough is constant, finding that the continued succussion from the cough interferes with the healing of the parts, and never to operate in bad weather. Observing these rules, and placing the patient on a good nourishing diet, his results have been such as to lead him to take the view of this subject before quoted.

1876.

A CASE OF SPURIOUS HERMAPHRODISM.

BY B. F. BETTS, M.D., PHILADELPHIA.

The subject of this report was of German birth, aged about 45 years; bore sufficient resemblance to a female to pass for one until about ten years ago; and when at the age of eighteen or twenty had an accepted lover, a male, from whom he received attentions for some time.

Whilst employed as a domestic in Germany the constant opportunities afforded for noticing the conformation of females in the same apartments led to the discovery that their genital organs were differently constructed from his own, and that his sexual appetite was awakened by cohabiting with females, and that by the introduction of a small penislike body about one inch in length he was enabled to accomplish the act of venery with a considerable degree of satisfaction.

This led to a change of apparel and a contract of marriage with one of his former companions, with whom he lived in the capacity of husband for seven years, until she left him and sought a divorce on account of his deformity. He was again married, and along with his present wife came to the Hahnemann Medical College of Philadelphia. There he was carefully examined by several physicians.

When dressed in man's apparel he appeared as a man. When dressed in woman's clothing his appearance was that of a coarse-featured woman. Upon close inspection, however, one eye was found to be smaller and milder-looking than the other, the cheek-bone on that side was less prominent, the side of the face was smoother, and altogether effeminate looking.

The mammæ were both as large as those of many nursing women, but unequally developed, the largest one being on the side corresponding to the effeminate side of the face. The areola was well marked, and nipples prominent. The mons veneris was covered with hair, which pointed but slightly upwards towards the umbilicus. At first view there was no sign of anything but a cleft below this resembling the vulva cleft, one side of which seemed to be more prominent than the other. This side was found to contain a testicle, which is said to have descended at about the twenty-fifth year.

By separating the cleft a diminutive penis came into view in about the usual position for the clitoris. A close examination of this projecting body revealed the fact that the corpora cavernosa, glans, and prepuce were all present, but that the corpus spongiosum was entirely absent. The urethra opened directly beneath the pubic arch as in the female.

Owing to the absence of the corpus spongiosum and bulb a depression seemed to exist near the orifice of the urethra into which the finger could be inserted for some distance, and there appeared to be an arrangement of muscular fibres similar to a constrictor muscle. Underneath the skin, folds, corresponding to the labia minora, were plainly seen, which were lined by mucus-secreting follicles.

No menstrual discharge had ever occurred; but semen was emitted from the urethra, too far back, however, to gain entrance into the vagina of the female.

The case was evidently one of complete hypospadias, with cleft of the scrotum, and contributes indirectly to the study of the formation of the genital organs in the embryo.

1876.

CONSERVATIVE TREATMENT OF COMPOUND FRACTURES.

BY CHARLES M. THOMAS, M.D., OF PHILADELPHIA.

The first thing commanding the attention of the surgeon in any case of severe compound fracture is, whether an attempt shall be made to save the limb, or shall amputation be performed?

This is frequently one of the most difficult and trying questions which he is ever called upon to decide. Although the idea of getting rid of the mangled and lacerated part at one stroke, and substituting for it a smooth clean wound, may be very enticing, still, we dare not lose sight of the great mortality following amputations, even under the most favorable conditions. And again, though we may be very much tempted to endeavor to save the patient's limb, and perhaps be almost overpersuaded by the appeals of the sufferer and family, we cannot but bear in mind the numerous dangers incident to the life of the patient which we have to cope with, in gangrene, hæmorrhage, pyæmia, etc.

The ideas of surgeons on this point have undergone a very material change within the past fifty years. Amputations were formerly done in a case of compound fractures on what we would now be tempted to call a slight provocation. Dupuytren says, speaking of these accidents, "On one point my opinion is unchangeable. In rejecting amputation in them more lives are lost than limbs saved." At the present day, in any ambiguous case, where there is any reasonable doubt as to the expediency of the amputation, it is avoided. But even with the best possible light to guide us, the advisability of amputation will at times become a most distressing and vexing question, and for its determination a great number of circumstances have to be taken into consideration, but above all, it is to be remembered that no precise or fixed rules can be laid down which will prove a sure guide in all cases. In every instance the surgeon has to decide by a faithful examination of each individual case, for each will be found to present points peculiar to itself alone, bearing in mind always that it is far more honorable for him to save a single limb than to have performed numerous successful amputations.

The following cases, occurring in my practice within the past eighteen months, are offered as illustrations of the successful treatment of accidents which at one time would in all probability have been surrendered to the knife.

Case I.—Was requested by Dr. Posey to see Eddie N., æt. 13, who had been thrown from a horse, receiving an injury to his arm. I saw him a few hours after the accident, and found an injury of the left elbow-joint, which was already considerably swollen and very painful. There had been and still was bleeding from a lacerated wound about two inches long over the inner condyle. Etherizing the patient, I introduced my finger into the wound, and discovered a fracture of the internal condyle, running into the joint. Both bones of the forearm were luxated backwards, so that I could readily pass my finger over the articular surface of the humerus. I was much inclined to resect the joint, fearing the ill consequences of so great an exposure of its surface, aggravated by a fracture passing directly into its cavity. Indeed, according to very recent

authority I should have felt perfectly qualified in operative interference, but finally yielded to the wishes of the family, and decided to treat it without. After reducing the luxation I syringed out the cavity of the joint with a solution of carbolic acid, one part to twenty of water, and united the wound with wire sutures. Compression was then made over the soft parts about the joint by means of adhesive plaster, the whole limb enveloped in a snug roller-bandage and placed in an anterior angular splint. Acon. 3x every second hour. I did not attempt to seal the wound hermetically, as I had no opportunity of applying a complete antiseptic dressing.

Patient was quite comfortable for two days, but at that time the oozing of bloody serum from the wound, and pain at the joint, necessitated a change of dressing. I now applied over the dorsal surface of the arm and forearm a padded angular splint, furnished with a bracket, uniting the two parts so that the elbow was free for changes of dressings. The splint was fastened to the limb by turns of a broad roller-bandage, and the whole swung by a cord from a bar running out from the headboard. Used for the next few days a cold-water dressing. Rhus every three hours. Removed the sutures and plaster about the eighth day, at which time the joint was rapidly swelling and becoming very painful. In the second week, finding suppuration inevitable, began applying flaxseed-meal poultices, covering in the whole elbow. Hepar 3x four times daily. Pain in joint was at times so severe as to require the use of occasional doses of morphine, in order to give the patient rest. Temperature second day after the accident 100° F., pulse 98; a gradual increase from this time to the end of the third week, when I opened a large abscess which pointed over the outer condyle, the temperature then standing at 102.8° F. and pulse 116. The evacuation of the pus gave great relief to pain, and was followed by a lowering of the temperature and pulse within two days to 100° F. and 90. From then to end of treatment the case progressed favorably. Pain but slight, sleep and appetite good, and temperature never higher than 101°, with a gradual but regular diminution to normal. At the end of the fifth week attempted passive motion, but the extreme tenderness of the parts caused too much resistance on the part of the patient. Ten days later, however, succeeded in moving the joint somewhat, and continued the motion from then daily to the end of treatment. At the end of the ninth week, although there was still some discharge from the wound, I discontinued my visits, leaving instructions for the parents to keep up the motion. Saw the case six weeks later, at which time the arm had become quite useful,—the motion so much increased as to enable him to use a comb for his hair, his fork at table, etc.

Case II.—Was called to Mr. R., whose hand had been badly injured by a circular saw a few hours before. Found the second and third fingers of the left hand literally cut into pieces, and their metatarso-phalangeal joints laid open. The index finger was badly lacerated, and the first and second joints cut almost entirely through; the head of the second phalanx considerably shattered; the phalangeal joint of thumb also crushed into. The two middle fingers I amputated at the metatarso-phalangeal articulations. The first joint of index I cleansed with weak carbolic acid, and closed tightly with sutures and collodion; the second being so much damaged in the bone, I resected, employing the small saw for removing the ends of the bones, in order to avoid the ostitis which so often follows the use of the crushing bone-pliers. The thumb-joint I also resected in the same manner. All the wounds were then thoroughly cleansed with carbolic acid solution, and covered closely with Lister's boracic acid lint; over this was placed a layer of oil silk, and all bound up with numerous

turns of Lister's antiseptic gauze. Seven days after, the dressing was removed, when the stumps of the middle fingers were found nearly united; the others not so far advanced, but doing well. Now used the wet carbolic acid dressing to the end of the treatment with the exeption of poultices to the distal index-joint, which suppurated freely, In about three weeks the case was dismissed, with the amputation stumps perfectly sound, some motion at the first index-joint, the other two, which had been resected, being completely anchylosed. The index finger was allowed to remain straight at the request of the patient, who wished it so, to guide his work properly.

Case III.—H. R., æt 20, had his foot caught between cog-wheels about 5 P.M., and at the request of Dr. Karsner, his physician, I was sent for about ten in the evening. Found a ragged wound running from under side of second toe across the base of great toe. Introducing a finger into the wound, discovered that it led into the metatarso-phalangeal joint of great toe, and that the head of the metatarsal bone was much splintered, although the rough pieces were not readily movable. The wound was cleansed with pure water, closed with silver wire, a compress of boracic acid lint placed over it, and the toes and whole foot enveloped tightly in an ordinary muslin roller.

On my way home regretted that I had not enlarged the wound and removed the splintered bone. Five days after, the dressings and stitches were removed, at which time there was a slight sanguineous discharge from the wound, but little swelling and no pain except on pressure. From that time to the dismissal of the case ten days after, there was not a single untoward symptom, not even enough pain to prevent sleep, the joint being left with considerable power of motion.

Case IV.—On the 21st of June last, saw with Dr. Ashton, Mr T , who had a few hours before fallen from a scaffold. He had been carried to his home, a distance of more than a mile, bleeding profusely all the while from a cut on the left ankle. I found him pale and weak from loss of blood, which was still running freely from a large lacerated wound just under the inner malleolus, and also from a smaller opening about the middle of and inside the crest of the tibia. The removal of the clots and dirt from the lower wound was followed by a violent spurting of bright-red blood, which on further examination was found to come from the divided posterior tibial artery, and this being immediately ligated in the wound, the active hæmorrhage soon ceased. Exploration with the finger in the depths of the wound revealed the line, two inches long, of fractured bone, probably the sustentaculum tali, but this seemed too firmly imbedded to call for removal. In the tibia were two oblique fractures, about three inches apart, the opening through the soft parts having been caused by the superior fragment of the upper fracture The fibula was also broken on a level with the lower fracture of the tibia.

Although very forcible extension and counter-extension were used, considerable difficulty was experienced in forcing the fragment of tibia lying between the two fractures into proper position, but this was finally tolerably well accomplished, and the opening over the tibia closely sealed with cotton-wool soaked in collodion. The wound at the ankle was closed with silver wire, adhesive plaster, and a firm muslin compress. Having no splints at hand, the limb was enveloped in a close bandage, and laid on an inclined plane of pillows. From June 23d to the 3d of July, the bran dressing and fracture-box were used. The wound over the tibia remained perfectly closed, but that at the malleolus suppurated freely, requiring the removal of the sutures and plasters, to allow of free drainage. Appetite and sleep were but little interfered with after the

first week. Pain at times considerable about the ankle, but not nearly so severe as might naturally have been expected. Acon. with occasional doses of Rhus were given for the first two weeks, then Hepar. low, until August 30th, when Silicea 30^{x} was substituted.

On the third day after the accident the temperature stood at 101°, pulse 90, increasing gradually but regularly until July 2d, when the thermometer marked 104°. On opening the fracture-box that evening, discovered the bran below the leg soaked with blood, and, on removing the dressing, found the posterior tibial artery spurting freely, the ligature having come away. With a good deal of difficulty the artery was again ligated and the hæmorrhage arrested. Fearing, however, that a second accident of the same sort might not be so promptly discovered, I removed the fracture-box, and placed the leg on a narrow curved double-inclined plane.

On the 7th the temperature had fallen to 100.5°; but on the 9th had risen again to 103.5°, accompanied by increased pain and swelling at ankle. On the 11th, opened good-sized abscess on outer side of ankle; temperature 103.5°; on the following day temperature 102°, and the day after 100°.

On the 14th patient was quite comfortable, with temperature 99.5°, but owing to the difficulty in keeping the heel free from the discharges, and as there was already considerable redness and tenderness, decided to change the inclined plane for a Smith's anterior splint. Some difficulty was at first experienced in suspending the foot properly, owing to the presence of the suppurating openings on either side of the ankle; but finally succeeded by fastening broad pieces of adhesive plaster along the whole length of the sole, attaching their free ends above the toes to the top of footpiece of splint, these straps being bound firmly in position by circular pieces round the ball of foot and instep. This arrangement suspended the whole limb in a proper and comfortable position and allowed of free access to the ulcers at the ankle, which were now dressed with flaxseed-meal poultices covered in with oiled silk. Up to the 20th of July the temperature varied little from 100°, when the mercury rose rapidly; and on the 22d I opened two more abscesses near the first, the temperature standing at 103°. I now discarded the poultices, and used a dressing of *Cosmoline*, covered in with oakum. On the 24th the temperature had lowered to 99.5°; but in the evening of the 26th, with temperature at 101°, opened a fourth abscess on outer side of foot, and on the 30th a fifth, temperature at 102.5°. Now began the administration of Silicea 30^{x}, which was continued without change to end of treatment. After the discharging of the fifth abscess the temperature fell to about 100°, and varied but little from this until September 10th, when a sixth abscess on the inner side of ankle was evacuated, the temperature standing at 103°. This was followed by a permanent though gradual lowering of the temperature to normal.

The Smith's anterior splint was removed about August 25th, with the fractures in tibia and fibula thoroughly united, and presenting but little deformity. At present writing (September 25th, three months from date of accident), there is still some discharge from both sides of ankle, but patient can get about the room on crutches, and has good motion at the ankle joint.

1877.

TWO CASES OF OVARIOTOMY.

BY CHARLES M. THOMAS, M.D., PHILADELPHIA.

Probably no operation in the domain of surgery has met with so much opposition as that of ovariotomy. Although first performed in 1809, we find it, less than twenty-five years ago, denounced as barbarous and inhuman, and violently opposed by many of the most celebrated surgeons. But how different have been the opinions expressed within the past few years. Dr. Tyler Smith, who had opposed ovariotomy, remarked in 1862, after his first four operations only, that he had thus done more good in ovarian cases than in the whole of his professional career. Others, who had originally decried it, now exclaim, "An operation without its parallel;" "A splendid operation;" "An operation fraught with happiness."

Dr. Peaslee, calculating from Spencer Wells's statistics, claims for Mr. Wells, that he alone, by his operations as an ovariotomist, at that time (1872) numbering 450 cases, has added more than 8046 years to the aggregate lives of his patients, and secured to the survivors 9846 years of average health, in lieu of 1386 years of suffering. By a similar calculation he shows that in the United States and Great Britain alone, ovariotomy has within the last thirty years directly contributed more than thirty thousand years of active life to women, all of which would have been lost had ovariotomy never been performed.

I present the following two ovariotomies, believing as Billroth has said, "that all cases should be carefully reported, both good and bad," especially for the sake of the unfortunate women who are the subjects of ovarian tumors, and who, remaining unoperated upon, or only submitted to tapping, almost all die in the course of a few years; for most of these might be saved by operation, and enjoy a long life afterwards, and the more so, inasmuch as these ovarian tumors are seldom combined with other diseases, and most of these women, with the exception of the ovarian affection, are in good health.

Case I.—In the early part of May, 1875, I was called by Dr. G. W. Parker, to see Miss H., of Gloucester, N. J., who had been suffering with gradually increasing enlargement of the abdomen for about three years. I found her considerably above the size of a woman at full term, with quite a uniform swelling of the abdomen, and very prominent superficial veins. Fluctuation at all points, and percussion dulness everywhere, except over upper portion of epigastric region. No change of percussion-sound on altering the position of patient. Uterus normal; cavity of pelvis free; menstruation regular. Patient had first noticed the growth in the left inguinal region, whence it had gradually enlarged upward, and to the right. Monolocular cyst of left ovary was diagnosed, and, at the request of the patient, the tumor was tapped in the presence of Drs. Parker, Hosfeld, and A. R. Thomas, and thirty pounds of a brownish thin fluid removed. After the tapping, the collapsed cyst-walls could be felt in the lower portion of the abdomen, movable on the right, more fixed on the left side. Improvement in the general health was apparent after the tapping, but the tumor began to fill again, so that by the following fall it had fully attained its former size. Her health

being now much broken down, ovariotomy was proposed, but postponed at the request of the patient, and the fluid again removed with the trocar, Drs. Parker, Weaver, and Frantz being present. About the same amount of fluid came away, but without showing so distinct a falling together of the cyst-walls. She had for some weeks before had occasional attacks of pain through the abdomen, with fever, and now complained of great tenderness when the emptied cyst was manipulated. Following the second tapping the growth of the tumor was slower than before, but by spring it had reached its old dimensions, with the patient exceedingly weak, emaciated, and anxious for radical interference. She had ceased menstruating soon after first tapping.

On the 16th of March, 1876, I performed ovariotomy, assisted by Drs. Parker, Hosfeld, Weaver, Mitchell, S. F. Frantz, and Buck An incision was made in the linea alba, about five inches in length, and several quarts of thick fluid removed through a Hodge canula; the whole front of the tumor was glued fast to the abdominal walls, and considerable difficulty was experienced in separating them. The hæmorrhage from several points was troublesome enough to require the actual cautery. The back of the tumor (where a number of small cysts were found) was quite firmly attached to the omentum at one point and the transverse colon at another. The latter was carefully broken through with the hand, but the omental adhesion required the removal of a portion of omentum, leaving the stump tied with a fine silk ligature and cutting the ends short. The pedicle of the tumor was too short for the use of the clamp, and was consequently ligatured in two parts with heavy carbolized catgut, divided and dropped back into the pelvis, the ligature ends being cut close to the knot. After careful cleansing of the abdominal cavity and examination of right ovary, which was found healthy, the incision was closed by interrupted silver sutures, covered with a thick broad compress of canton flannel, confined by a broad flannel bandage reaching from sternum to pubis, and the patient put to bed wrapped in warm blankets.

Duration of operation was fifty-five minutes; weight of tumor and fluid, forty-nine pounds; temperature of room during the operation, 80° F., afterwards 65°; axillary temperature immediately after operation, 99°; pulse feeble, 100. Acon. 1^{x} every hour. During the night temperature rose to 101°, and pulse to 120. Twenty-four hours after the operation the temperature was 104°; pulse 130, little pain, but considerable vomiting. Death occurred that evening, or about thirty hours after the operation. About four hours after death the abdomen was opened, when the peritoneum was found actually reddened over its whole extent; the loops of intestine were glued together in a solid mass by exudated plastic matter. Douglas's cul-de-sac contained about a gill of sanious fluid; the abdominal wound was closely united throughout. Death had evidently resulted from acute peritonitis.

Case II.—Mrs. S., twenty-six years old, the mother of two children, and a patient of Dr. Kittinger, of Wilmington, had always enjoyed good health up to the birth of her youngest child, who was at the time of my examination of Mrs. S , in June, 1877, three years old. An uncomfortable feeling in the abdomen first called her attention to an enlargement in the left side, which she says increased gradually but regularly, and with but little pain or inconvenience, except that produced by the pressure of the growth on the abdominal organs, until a few months before the operation, when the difficulty of breathing in the recumbent position or after the slightest exertion caused great annoyance.

My first and only examination was made on the day of operation, April 16th, 1877. Although quite thin, the patient had lost but little of her usual strength, and evinced a remarkable degree of complacent courage in regard to the impending operation. The abdomen was quite regularly enlarged, but projecting somewhat more on the left than the right side. Circumference around the umbilicus was forty-seven inches, from sternum to pubis twenty-four inches. The superficial veins on either side very prominent; fluctuation distinct over a greater portion of front of abdomen. Although there had been no history of pain or anything like inflammatory attacks, a considerable amount of parietal adhesion was rendered probable from the fact that a displacement of the tumor was quite impossible, nor was there any apparently sliding motion between the abdominal walls and the tumor on pressure with the hands or on deep respiration by the patient. In both right and left hypochondria indistinct nodular masses could be felt, although immovable. The pelvic cavity was not encroached upon; uterus freely movable and of normal size.

In presence of Drs. Kittinger, Tantum Lawton, and Frantz, I made an incision in the linea alba about four and a half inches long. On reaching the peritoneum no point along the line of incision was found unattached to the cyst-walls. The opening was enlarged upwards an inch and a half, which exposed a small space between the tumor and abdominal walls, through which the index finger and steel sound were introduced, and the peritoneal surfaces separated with but little difficulty over the extent of the incision. This allowed the admission of the hand, when it was found necessary to break down quite dense adhesions over the whole anterior face of the tumor. A large Hodge canula was now thrust through the presenting cyst-wall, and a quantity of thick chocolate-fluid drawn off. This brought into view another large cyst, which gave on tapping a somewhat lighter-colored and thinner fluid. In this way four good-sized cysts were emptied, but still the mass could not be dragged sufficiently forward to engage in the wound. On introducing the hand the remaining bulk of the tumor was found to be made up of small cysts, bound down to the abdominal parietes in the upper lumbar regions by dense adhesions, the breaking up of which revealed a broad band of connection between the upper and posterior surface and the large lobe of the liver. After considerable difficulty this was detached with the hand, and the entire tumor brought outside the abdomen and placed in the hands of an assistant. The pedicle, which was of medium length and size, and on the left side, was now treated by passing a double ligature of strong carbolized catgut through the centre and tying each half separately. The ends of the silk were cut close to the knots, the tumor severed from the pedicle and the latter allowed to fall back into the pelvis. Most of the oozing from the torn peritoneal surfaces had already ceased, and the rest was checked by steady pressure with the fingers over the bleeding points. The most troublesome hæmorrhage was from the surface of the liver, but this was finally overcome in the same manner. The right ovary was now examined and found to contain several cysts as large as small cherries. These were split open, their contents caught with a sponge, and the cavities thoroughly seared with the hot iron. The soiled loops of intestine and cavity of the pelvis were now carefully cleansed with carbolized warm water. To insure perfect drainage, a curved trocar was passed by way of the vagina through the posterior cul-de-sac into the peritoneal cavity back of the uterus; through the opening thus made, a long piece of perforated drainage tubing was drawn, so that one end projected at the lower angle of the wound, the other from the vagina. The abdominal wound was finally

united by carbolized plaited silk sutures, including the peritoneum. A pad wrung out of warm water was placed over the stitches, dry flannels over that, and the abdomen and hips enveloped in a broad flannel bandage. The patient was then put to bed with warm bottles to the arms and legs.

The combined weight of fluid and cyst-walls was forty-seven pounds, while the usual weight of the patient when in health had been but ninety-five pounds. The operation was finished about one o'clock, having lasted nearly two hours. Three-quarters of an hour of this time, however, had been occupied in resuscitating the patient from an apparent collapse just as the tumor was being cut loose.

The following is a record of her subsequent condition made by Drs. Kittinger and Tantum. In the afternoon of day of operation, pulse 120, temperature 102°. Pieces of ice were given by the mouth, and Acon ^{6} a teaspoonful every hour. April 17th, morning, pulse 125, temperature 105°; evening, pulse 130, temperature 106°. Considerable discharge of sanious fluid from vaginal end of drainage-tube. Bearing-down pains and pressure towards the vulva. ℞. Acon.^{6}, Bell.^{6}, in alternation. Oatmeal gruel in small quantities, with cracked ice. Compresses of dilute Calendula to abdomen. Catheter morning and evening.

18th. Morning, pulse 122, temperature 103°; evening, pulse 125, temperature 104°. Pain and soreness in region of liver and cauterized ovary; same bearing-down feeling. Acon.^{6}, Bell.^{6}, alternately, every hour.

19th. Morning, pulse 125, temperature 102°; evening, pulse 118, temperature 102°. ℞. Acon.^{6}, Bell.^{6}.

20th. Morning, pulse 110, temperature 100°; evening, pulse 92, temperature 99°. Complained of great weakness; pulse feeble. China and Bell.

21st to 24th pulse ranged between 84 and 100, temperature between 99° and 102°. On the 23d the rubber drainage-tube, through which twice daily about three ounces of warm carbolized water were injected into the peritoneal cavity, was replaced by a few strands of silk, to keep the passage free, and as there was after this but little discharge through the vagina, it was removed in three days. The use of the catheter was discontinued on the 23d. After this time the temperature and pulse decreased gradually till the 30th, when they were perfectly normal, and remained so.

On the 26th the abdominal sutures were removed, and an enema of warm water moved the bowels freely, and the symptoms calling for Sulph., it was given in the 200th potency. From this time China was the main remedy, although on the 28th she received a dose of Nux vom ^{200}, on the 30th one dose of Silicea^{200}, and on May 3d Sulph.^{3000}, which ended the treatment. The diet was mainly iced milk, oatmeal gruel, and mutton broth. Eighteen days from the date of operation she could sit up without inconvenience, and enjoyed good appetite and sleep. When last heard from, September 6th, 1877, she was in excellent health.

In most of their main features, these two cases bear a marked resemblance. In age, temperament, and weight, they were very similar. They both lived on the outskirts of a town, with every chance for pure air and good ventilation. They both were so situated as to receive good nursing. The tumors were polycystic, and of nearly the same weight. The abdominal walls in both were very much thinned. The incisions varied but little in length. The adhesions were similar—extensive parietal in both, with hepatic in one, omental and intestinal in the other. Hæmorrhage was inconsiderable, and about the same in each. Duration of actual operation about the same in both cases. The pedicle in both was too short for the clamp, and each was treated by ligation and dropping back.

On the other hand, in Case 1 the duration of the disease before operation was four years; in Case 2 it was but three years, which circumstance, according to some authorities, had it not been for the tapping, should have been a favorable condition in a fatal case. Again, the health of Case 1 was most impaired, which was also *cæteris paribus* in its favor.

Case 2 was married, and had borne children, while Case 1 was single—once more a favorable circumstance in the fatal case. But, finally, tapping had been practiced twice in Case 1, with the probable contraction of adhesions after the first tapping, followed by much exhaustion after the second. Although still an open question, it can now hardly be doubted but that tapping does materially reduce the percentage of success, both from its influence in producing adhesions and in lowering the vitality of the patient.

In the second case the drainage-tube was used, but the want of it could hardly have been a cause of the fatal issue in the first, as the amount of fluid found accumulated at the post-mortem examination was too inconsiderable to have produced the peritonitis.

1877.

NEURECTOMY OF THE SUPRAORBITAL NERVE FOR THE CURE OF NEURALGIA.

BY L. H. WILLARD, M.D., ALLEGHENY, PA.

Without entering into the merits of this operation for the cure of neuralgia, I present the following case:

Mr. H., aged 45, native of England, sympathetic temperament, of robust form, and by occupation a machinist. Presented himself for the cure of an intense neuralgia of the supraorbital nerve. This affliction, according to his statement, began in a very slow manner some fifteen years ago, at which time it would give him pain for a day or two during the winter season, but when warm weather came on he would be free from the neuralgia, and remained so until winter came again. In this manner, with increasing severity, it progressed.

Some five years ago he contracted intermittent fever, which had the effect of intensifying his sufferings. The paroxysms of pain still made their appearance during the winter season, aggravated by a change of temperature from warm to cold. During these attacks he would have to remain indoors (which was not the case at first). By taking medicine and keeping the face warm the pains would subside, so that in five days as the shortest and eleven weeks as the longest he would again resume work, only to be again afflicted. He described the pains as being of a lancinating character, confined principally to the supraorbital region; occasionally, but very seldom, a few twinges of pain would be felt in the inferior dental nerve. Rubbing the upper lip during a paroxysm of pain would aggravate the orbital neuralgia; pressure on the orbit would also aggravate. The pains were partly relieved by opening wide the mouth and raising the eyebrows, a habit, it seemed, which became so fixed that when in pain he was doing it continually.

The treatment was for the most part homœopathic. He had tried all kinds of drugs and electricity without permanent relief. Homœopathic medicine, he said, would relieve him sooner than any other, but had not cured.

The present summer the neuralgia had made its appearance for the first time during warm weather, and this, with a prospect of its being worse the coming winter and so preventing him from work, discouraged him so much that he was seeking some other than medical help for cure.

On examining the orbital region, I found a painful spot above the orbit, about the meridan line, and extending upwards one inch; no tenderness in any of the other branches of the fifth. On pressing this painful spot severe pain would shoot upwards over the scalp, making for a short time intense suffering. He seemed determined to have an operation performed. Electricity was proposed, but this, he said, had been tried without benefit. I stated my want of confidence in neurectomy for neuralgia, but he insisted on its being performed.

On the 19th of August, assisted by Drs. Cooper and King, the operation was performed. After placing the patient under the influence of a compound composed of two-thirds ether and one-third chloroform, an incision was made horizontal to and about one-half inch above the orbit, two inches in length, crossing in its course the track of the supraorbital nerve.

The incision severed small arteries (it seemed the rubbing and friction of the brow for the relief of the neuralgia had enlarged the small vessels).

After the arteries were secured, the incision was deepened, and the nerve exposed, when it was found slightly enlarged, but otherwise healthy.

The patient was now from under the influence of the anæsthetic, and felt great pain whenever the exposed nerve was touched. A section of the nerve was made one inch and a quarter in length, the central end one-quarter of an inch from the supraorbital foramen; the wound was now closed with sutures; a wet compress and bandage completed the dressings. He seemed somewhat exhausted, but otherwise comfortable. Arnica 6th was administered every two hours.

August 20th.—Slept very little during the night; partial anæsthesia of the parietal region supplied by branches of the nerve; appetite poor; very nervous. Bell. 6th, every three hours.

August 21st.—Slept well during the night; some burning sensation of the scalp in the parietal region; anæsthesia the same, and no pain in the wound; continued Bell.; appetite good.

August 22d.—Slept well; feels entirely relieved; no pain in wound, or in nerve; anæsthesia same; removed sutures and bandages; wound had united by first intention.

August 23d.—Improving; some nausea; morning headache; bowels constipated. Gave Nux. 30th every four hours.

August 26th.—Resumed work at his trade; no pain in head or supraorbital region; appetite good; sleeps soundly; anæsthesia of the scalp less, and occasionally the burning already noticed is felt; discharged, giving Nux. 30th, a dose every evening on account of morning sickness.

It is now nearly two months since the operation was performed. There has been no return of the neuralgia. The patient has improved in general health.

The advisability of this operation or operations of this nature seems to have met with a negative result, but so meagre have been the statistics

in regard to them that I think we should hesitate before we condemn an operation which relieves in such a speedy manner.

I have hopes that this case may prove successful. The operation itself relieved the engorged capillaries, which had become unnaturally distended, and thus pressure on the nerve from their enlarged calibre will be obviated.

That it is peripheric in its origin may be inferred from the painful spots which were present during the interval of paroxysms.

Without further comment I present this case for your consideration.

1878.

THE USE AND ABUSE OF THE PLASTER OF PARIS JACKET.

BY J. H. M'CLELLAND, M.D., PITTSBURG.

We mean of course the Plaster of Paris Jacket, as introduced to the profession by Sayre, of New York, and with special reference to Pott's disease of the spine.

Since the new era in the treatment of this affection—for we may justly say the advent of this method marks a new era—sufficient time has elapsed to enable the profession to apply the practical test of experience.

This brief paper may serve as a small contribution to that general stock from which inferences and conclusions are drawn.

The Sayre method was not modestly ventured forth to meet with gradual acceptance as farther developed, but rather like Minerva leaping from the brain of Jupiter, it was mature and in full armor, a startling reality, arresting at once the attention of those whom it concerned. Heralded as an almost universally successful means of treating a most troublesome affection, suitable for almost all classes and conditions, no wonder "every fellow" with a crooked back or who threatened to have a crooked back, was captured and put in a strait-jacket. I question whether any special means of treatment was ever more rapidly put in practice. As a result, almost every practitioner has had opportunity to observe its brilliant successes and signal failures, to witness to some extent its *use* and *abuse*. Time will still be required to draw the line accurately. Let us for a moment consider the disease in question, and its requirements. Caries of one or more of the vertebræ is the disease,—inflammation ending in ulceration or softening. While admitting that the cause is nearly always traumatic, I still contend for a constitutional predisposition in most cases, thus running counter to Sayre and his coadjutors. The reasons for this belief it is inexpedient to notice at this time.

The initial inflammatory process and subsequent softening, as well as the participation of adjoining vertebræ, are all favored by the pressure of a superincumbent weight. A favorable anchylosis is also defeated by the great mobility of the parts. The general health suffers from enforced confinement, unless an interposition of art overcomes the difficulty.

Moreover, interpositions of art are rendered difficult and often defeated by the incessant movements of the thorax and adjacent parts made necessary by respiration, and the extreme movability of the shoulders upon the trunk.

It is plain, then, that successful treatment makes necessary the more or less perfect fulfilment of the following indications, viz.:

1st. Immobility: to aid in arresting the inflammatory process, and secure anchylosis.

2d. Extension: to remove the superincumbent weight, relieve pain by separating inflamed surfaces, lessen deformity, or at least prevent greater, and to relieve paralytic symptoms by removing pressure from the cord

3d. An apparatus that will admit of outdoor exercise.

4th. Internal remedies not only for the constitutional vice, but for the local lesion itself. The question of internal treatment is not under discussion, yet I must say, parenthetically, that the exhibition of homœopathic remedies unquestionably hastens the cure of this disease.

Without stopping to inquire how far these indications are met by the older methods of rest in the recumbent position, and the use of braces of various kinds, let us pass at once to the subject of Plaster of Paris Jacket. Does the Sayre jacket answer these indications?

In general terms we may answer in the affirmative. We may safely say that, better than any other means, it answers these indications in *the majority of cases.*

The enthusiastic author has imparted much of his enthusiasm to the profession at large. His latest deliverance since his triumphal march through England is: "I use this jacket for spinal curvatures, lateral and angular, almost to the exclusion of all other means;" averring further, "that it is not only applicable to almost all cases, but that it may be applied successfully by almost any person, so little skill is there required in its employment." And just here is one grave source of error. Dr. Sayre is known as a most skilful mechanic, indeed something extraordinary as a *chirurgeon*, in its original signification of hand-worker. Now, what to him is perfectly easy and simple, may be quite another thing to the general practitioner; and so it has happened that many plaster jackets have been bunglingly applied and irreparable damage done.

The plaster jacket possesses many points of merit not common to other means of treatment. The suspension of the patient during its application secures a certain amount of extension, separating inflamed surfaces and reducing the degree of curvature. Susceptible of being accurately conformed to the shape of the body, the extension obtained during suspension is measurably secured. The most important point gained, however, is *immobility*, and that in a manner rather to facilitate out-of-door exercise than to curtail it. As compared with braces of various kinds the jacket is certainly superior, especially when softening and deformity have taken place. Here it is desirable to have immobility in order to hasten anchylosis. Many braces make direct pressure upon the projecting bone for the purpose of lessening the deformity. The effort is futile. The attempt to raise the superincumbent weight by a central arrangement also signally fails for obvious reasons Where the jacket itself in insufficient, the jury-mast is the efficient means at our command.

Now, granting that in a fair majority of cases, a properly applied plaster of Paris jacket offers the best mechanical means of treating Pott's disease, yet the indiscriminate use and mal-application constitute the abuse of the method.

Dr. Knight, of New York, and some others of note, have never yielded favorable assent to this plan, denying its efficiency, and even denouncing it as hurtful. They contend that the interference with respiration is a grave fault, and the long imprisonment of the trunk as fraught with much evil.

As a rule respiration is carried on with comparative comfort by the diaphragm, and little harm comes of confining the body, but exceptionally the interference with respiration is most disastrous, and the imprisonment of the body for a long period scarcely less so.

In very weakly children, especially when respiration is feeble and embarrassed, the jacket proves most injurious. I have seen the general health much impaired and pulmonary lesions greatly increased in this way. Although apparently easy of application, as claimed by Sayre, I have seen frightful excoriations and ulcerations result from this plaster jacket, even when applied by surgeons of merited reputation; I may say five or six such cases have come to my notice.

In seeking for the causes of these important complications my attention was arrested by the fact that, notwithstanding the bandage might be in the main tight and well applied, the chest retained considerable of its motion, even in some instances compelling the shell to rise and fall with the respiration-effort. The friction permitted thus, produced the abrasions. It is well, therefore, in applying the bandage to have it closely conformed to the pelvis, as the point of support to the back, sides of the chest, especially upper portion, and across the upper chest, where movement is least necessary. But after all is done I believe a most excellent therapeutic measure is abused in its uninterrupted use, *i. e.*, by allowing it to remain undisturbed for several months. In order not to interfere with respiratory movement Dr. Sayre at first opened the shell in front, bringing it together again with *elastic bands*.

Further trial (1874) convinced him that this would not do, as immobility was the desideratum, and this permitted considerable motion. Nevertheless I strongly recommend the opening of the jacket within a few days of its application and at intervals of a week or two thereafter.

My plan differs from the above mentioned of Sayre's in this: After inspecting and bathing the body, and correcting defects in the jacket, if there be any, I bring it together, and keep it in position by a single *bandage*, thus maintaining the integrity of the jacket, and yet making its removal an easy matter. I am in this way enabled to prevent injurious pressure or friction, avoiding abuse of the patient, if not of the jacket.

We pursue this plan in the case of a broken leg where the parts are *at rest;* how much more necessary with the compressible and *moving structures* of the trunk. In the first stage of this disease I think the jacket rarely necessary. The braces of Knight, Davis, or Taylor, which lace down the front, although snug and firm, are perfectly adjustable, and answer an excellent purpose.

1878.

HÆMORRHOIDS.

BY THE ALLEGHENY COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

Clinical History.

The name hæmorrhoids is derived from the Greek (*αἱμορῥοιδες*), also called "Aimorosis," "Proctica Marisca," "Marisca," "Proctalgia Hæmorrhoidalis," "Morbus Hæmorrhoidalis," "Piles," "Emerods," a discharge of blood from the anus; the piles. The term is also applied to tumors formed by a morbid dilatation of the hæmorrhoidal veins. This disease, common to all nations, is found among all classes and conditions of society. The Bible mentions emerods as "a disease which God threatened to punish the disobedient Israelites with, and which he inflicted on the Philistines for their profanation of the ark." We read: "He smote his enemies in the hinder parts,—and he smote the men of the city both small and great, and they had emerods in their secret parts."

In this part of the paper on hæmorrhoids we will confine ourselves to the two classes,—external or blind piles, and internal or bleeding piles, including excrescences, a third form, according to some authors, under the head of external or blind piles.

One of the first symptoms of external piles is pain on passing fæces and tenesmus after the discharge. On examination of the anus you discern a projection of a livid appearance, which in two or three days becomes so solid as not to yield to pressure. In another case you will find the disease preceded or accompanied by pains in the back, sacrum, and abdomen; sensation of itching, pricking, tickling, burning, or pressing at rectum, sometimes extending to the adjacent parts, with, in general, constipation, and not unfrequently derangement of the urinary functions.

The general health is almost always affected in a very special manner; the patient is easily exhausted by work, is entirely out of humor, irritable, and disposed to feel vexed; not inclined to attend to any kind of work, complains of tightness and dulness of the head, diminished appetite, eructations, restless sleep. The degree of pain does not always correspond with the size of the swellings; small tumors sometimes are exceedingly painful, large tumors not at all. It is usually when sitting that the patient feels the pain the most.

Hæmorrhoidal tumors in their general appearance as regards color, size, etc., will depend much upon the amount of inflammation present, the causes which have been in operation, and the length of time which has elapsed since the commencement of the malady.

Sometimes there is but a single tumor, and in other cases several.

They are found immediately within the sphincter, or at some distance above it, and may be attached by a narrow pedicle or by a broad elongated base. In some cases they do not protrude beyond the sphincter; in others they are forced outward by slight straining effort.

The location and character of the pains vary much in different cases, being sometimes confined to the tumors themselves, and at others extending upwards into the intestines or into the perinæum, down the thighs, etc. The pains may then be itching, burning, aching, throbbing, darting, or shooting; constant, or only when at stool, or on sitting down.

When developed entirely within the sphincter and of a large size, the pressure of fæces on the internal part of the rectum brings down the pile, and generally a portion of the intestine is brought down with it, and the patient is under the necessity of pressing up the part for some time, in order to return the rectum into its original situation.

This state of affairs continues for some time, till at length inflammation comes on, which adds greatly to the patient's suffering, and he is often unable to return the rectum when it has descended. Under this stage the patient can neither walk, ride, or sit; the only tolerable state being that of rest in the reclined position. Should he during the continuance of the inflammation be obliged to have a stool the distress is extreme. With these symptoms there is generally more or less feverish heat and restlessness.

In general when piles are situated far up in the rectum they are less painful than when low down, and sometimes the patient is not conscious of having them till he begins to void blood from the rectum Internal piles commence by a sensation of weight and pain in the sacrum, heat, fulness, and general uneasiness in the rectum, which increases for twenty-four hours; then, when the bowels act, part of the discharge is liquid; this consists of blood, which seems poured out only at the time of the evacuation; or the passage of the fæces produces the rupture of the small vessels from which the hæmorrhage proceeds. You are seldom consulted, however, until the disease shows itself by the discharge or by prolapsus ani.

Internal piles are accompanied by a higher degree of fever than the external; they are covered with adhesive matter surrounding the rectum, and the sphincter ani is affected with spasmodic symptoms. When the hæmorrhoidal bleeding continues long, it at times produces anæmia, debility, and consequent nervous symptoms. In some cases this bleeding may take place in the very first days of the disease, and sometimes not until weeks have elapsed; it may be very slight, or else it may resemble a perfect hæmorrhage, and cause all the phenomena attending a profuse loss of blood. Sometimes the loss of blood continues for months, reducing the strength more obviously at first than afterwards. When the loss exceeds two or three ounces per day there is some sensation of numbness extending down the lower limbs, with, as the discharge increases, paleness of the face, difficulty in swallowing food, except liquid, œdema of the feet, and in fact all the symptoms found to follow profuse hæmorrhage. In other cases when, instead of blood being discharged, we find a secretion of mucus, the relief is not as prompt. Many cases are ushered in with symptoms more severe: vertigo, dull headache, coldness of the extremities, flashes of heat, heaviness, bloating of the abdomen, flatulence, throbbing in the abdomen, constipation, palpitation of the heart, weariness, heaviness of the limbs, desponding melancholy, fulness of the parts in the vicinity of the rectum, producing heavy pain in the neck of the bladder and region of the prostate, strangury, pains in the loins and back, weak digestion, loss of appetite, heartburn, mucous coating of

tongue, burning in the abdomen and anus, disposition to vomit, itching of and eruption on anus and perinæum. After a free discharge the tumors either disappear or shrink in size, and remain in this diminished form, or else the disease continues unaltered; this is generally the case if the affection has been of long standing. An attack of this kind may last from a few days to several weeks. Its return is indefinite; in some it seems to be periodical every month, three, or six months; even years may elapse from one paroxysm to the next, until the disease is again provoked by some gross error in diet or the resumption of some former mode of living in contravention of all natural laws. The influence of the seasons is sometimes undeniable, since most attacks occur in the spring or fall of the year.

The whole duration of the disease, from its inception to its final termination, extends over a long period; its spontaneous cure scarcely ever occurs except late in life. It is only under certain circumstances that the disease runs a short course.

The hæmorrhoids of convalescent patients are not usually very obstinate, and often disappear in a few months.

If varices set in during pregnancy they disappear again in a few weeks after the birth of the child.

WILLIAM R. CHILDS, M.D.

ETIOLOGY.

Hæmorrhoids being the result of congestion of the hæmorrhoidal veins, which are the lowest portion of the venous circulation returning the blood from the intestines through the portal veins and liver to the vena cava inferior, thence to the heart, it follows that any permanent or repeated turgescence of the liver, such as hyperæmia or cirrhosis, will contribute to their production; so also will abdominal tumors, the pregnant uterus, great accumulations of fat in the omentum or of fæces in the rectum, or, in short, any cause that will give rise to portal congestion.

As in many diseases, so in this, there is an inherited tendency, the children of persons afflicted with piles generally suffering from the same trouble.

The position of the hæmorrhoidal veins, being the lowest branches of the abdominal vessels, and also the yielding character of the surrounding structures which support them, and the fact that the veins comprising the portal system are destitute of valves, are all causes favorable to their becoming dilated.

Persons of weak constitution and feeble circulation, and those who lead sedentary lives, or indulge in excesses of eating or drinking, are peculiarly liable to be affected, whilst those who are robust, temperate, and engaged in active exercise are but seldom afflicted with piles.

As in other mucous membranes, so also in that of the rectum, persistent chronic catarrh seems to favor the production of venous dilatation.

Other causes which may produce piles are: parturition, the wearing of tight corsets or of heavy skirts supported from the hips, heavy lifting, glass-blowing, horseback riding, overheating the blood, plethora, residence in hot climates and malarious districts, a too fine non-laxative diet, drinking water strongly impregnated with mineral substances, excessive use of alcoholic liquors, coffee, tea, condiments, and drastic purgatives.

W. J. MARTIN, M.D.

PATHOLOGY.

Hæmorrhoids consist of a dilated and varicose condition of the hæmorrhoidal network of veins and arteries situated in the submucous

and the adjoining subcutaneous tissues of the lower portion of the rectum. The venous and arterial radicles in the mucous membrane itself, the perirectal plexus, the vesical, prostatic, uterine, and vaginal plexuses may also be implicated.

Pathologists recognize two distinct varieties of piles, external and internal, differing in situation and structure.

The external and more common variety of this affection is situated at the verge of the anus outside of the sphincter muscle, and consists of an extravasation of blood into the cellular tissue of the part, due to the rupture of a hæmorrhoidal vein. The tumors thus formed are covered in part by skin and in part by mucous membrane. The effused blood soon coagulates, and the tumors become firm and inelastic. The sacs are composed principally of the ruptured coats of the veins and the adjacent areolar tissue, the cells of which become closed by plastic material secreted during the stage of inflammation, finally resulting in indolent excrescences, composed principally of hypertrophied skin and areolar substance. Sometimes the tumors are formed by saccular expansions of the congeries of small veins, which lie closely imbedded in the cellular tissue beneath the mucous membrane which encircles the expanded extremity of the rectum. These varicosities at first form globular sacs, which eventually become sinuous and partitioned in their interior. Their walls are at first thin, but from repeated inflammations gradually become thick and rigid. Several small venous branches may open into the cavity of each varix.

Internal hæmorrhoids are of three kinds, and may be simple or multiple. (1) They may consist of spongy, vascular growths, presenting a red granular appearance, and soft elastic texture resembling erectile tissue. (2) They may be made up of the lower branches of the plexus of hæmorrhoidal veins and their accompanying congeries of minute arteries, dilated and often filled with coagula. (3) They may consist of pendulous tumors, composed of fibro-areolar tissue.

The pressure of the distended bloodvessels against one another causes local absorption of the venous coats, producing communicating blood-sacs. Changes are also observed in the mucous membrane and submucous tissue; capillary venous hyperæmia, serous transudation, hyperplasia of the connective tissue, and swelling of the mucous membrane are accompaniments. The pressure of the varices frequently causes atrophy of the tissues involved. The corrugations of the mucous membrane of the rectum may become thickened, and polypous growths formed and mingled with the varicose tumors. Hæmorrhoidal tumors range in size from that of a pea to that of a walnut, depending on the amount of venous turgescence. They may be small, relaxed, and rugous; or large, turgid, smooth, and shining. Quincke says: "Like all other venous dilatations these also undergo many secondary changes and degenerations, and they are, from their situation, specially exposed to mechanical injuries of the most manifold character. The consequences of these are: rupture with hæmorrhage, either external or into the connective tissue, inflammation of the coats of the vein, or thrombosis of a hæmorrhoidal tumor, resulting in obliteration or suppuration. The submucous and perirectal connective tissue is also liable to become sclerosed or purulent as the result of inflammation, and the inflamed catarrhal mucous membrane of the rectum, or the skin surrounding the anus, may be eroded and ulcerated. Prolapsed varices and rugosities of the mucous membrane may be strangulated and necrosed by the pressure of the sphincter."

J. C. Burgher, M.D.

DIAGNOSIS AND PROGNOSIS.

The external hæmorrhoid is always situated at the verge of the anus, the larger ones usually at the side of the anus. The tumor is hard, firm, and inelastic, varying in size from that of a pea to a pigeon's egg. There may be only one, or the number may be increased to three, four, or five. The tumors are covered partly by skin, and partly by mucous membrane; the former being light, while the latter is of a dark-purple color. The color is increased when inflammation is present. These tumors are very sensitive, and cause a feeling of weight, distension, and throbbing, which is increased by the erect posture, by walking, or by anything whatever that causes an increased flow of blood to the rectum and anus. The external pile may occur alone or in connection with those within the sphincter, as well as with various other affections of the rectum. The history of the case and a careful inspection will be sufficient to establish the diagnosis. When this disease has once occurred it is very apt to reappear from the slightest causes.

The internal hæmorrhoid is situated from a few lines to two and a half inches above the verge of the anus, usually just above the internal sphincter. In number there are usually two or three—frequently more. They vary in size from that of a pea to that of a large marble; if solitary and of long standing it may reach the size of a pullet's egg. When there are many tumors they may be closely grouped, or may be scattered over a considerable surface, and may even form a complete ring around the ano-rectal orifice. The tumors are covered by mucous membrane, ordinarily of a florid complexion, but when prolapsed and compressed by the sphincter assume a dark-bluish, purple, or livid aspect, owing to the congested and stagnant condition of the vessels. These tumors are always soft, spongy, and erectile, diminishing under pressure, but regain their size when the pressure is removed. They are of a globular shape, and are attached by a broad base, sometimes pyriform; and again, though rarely, they present the appearance of a vertical semi-cylindrical ridge, over an inch in length and several lines in diameter. The surface of the internal pile, originally smooth, often becomes roughened by deposits of lymph. Ulcers are sometimes seen upon it, usually small and superficial, but occasionally deep, and penetrating into the tumor, causing what is known as the bleeding pile.

Internal hæmorrhoids are seldom seen before the age of puberty, but after that period they are exceedingly common in both sexes and in all classes of society. Internal piles, unless large or numerous, do not cause much suffering, the principal symptoms being a sensation of weight and stuffing in the ano-rectal region. At other times, however, there is severe pain and throbbing, even extending down the sciatic nerve, difficult defecation, spasms of the sphincter, prolapse of the rectum, and also of the tumors themselves. At such time, from the compression and congested state of the tumor, the suffering is very severe; hæmorrhage may be profuse, oozing out, or flowing from ulcerated or ruptured vessels. When this is the case the tumors have to be replaced by hand, after which the patient will be comparatively comfortable until an evacuation of the bowels again becomes necessary, when the same train of symptoms is repeated. The patient is always better from the recumbent posture, and worse from walking or any exercise. The general health does not seem to suffer, although the attacks may be frequent and severe, excepting, of course, cases in which hæmorrhage is frequent or profuse.

In diagnosis the tumors may be brought down to view by straining as at

stool, when their globular form, florid, bluish, or livid color, soft feel, and intimate attachment to the ano-rectal mucous membrane, will at once establish their identity. If the tumors cannot be brought down as directed above, use the finger to explore the canal, or, if possible, a speculum, although this instrument can seldom be used unless the patient is under the influence of an anæsthetic, owing to the severe pain caused by its introduction. A spontaneous cure rarely occurs before the fiftieth or sixtieth year, and sometimes even later.

Varicose hæmorrhoidal veins should not be mistaken for hæmorrhoidal tumors, although they frequently accompany them. They cause the same sensation of weight and fulness in the ano-rectal region, accompanied by uneasy feelings in the perinæum, sacrum, and loins, and by burning, stinging, or smarting pains during and for some time after defecation. A digital examination will suffice to distinguish between the two affections, as, in this, by introducing the finger into the rectum, and applying the thumb to the surface of the anus, the affected vessels may be felt like a number of cords or like a mass of earthworms.

Prolapsus recti, in its incomplete form, may be mistaken for hæmorrhoids. The protrusion usually shows itself as a fold of mucous membrane on each side of the anus, though there may be several of these folds one above the other. They are, at first, of a florid color, soft, spongy, and elastic, and free from pain; but after existing for some time become congested, dark in color, increase in hardness, and are the seat of some pain. In recent cases they are easily replaced, but as they grow older the submucous cellular tissue becomes infiltrated with sero-plastic matter, rendering the tumors hard and less easy of reduction By replacing the bowel and introducing the finger into the rectum the absence of hæmorrhoidal tumors will be discovered. And tumors are among the affections that might be mistaken for external hæmorrhoids. They are generally soft, globular, or pear-shaped, smooth, or rough, and solid; fibrous in structure. They may be the result of external hæmorrhoids, or they may be of a soft, spongy, erectile substance, liable to bleed after excision. These tumors are pendulous and may attain the size of the end of the little finger.

Venereal warts also occur in this location.

True sebaceous tumors are occasionally met with. They are recognized by their indolent character, pale color, and doughy consistence.

Polypus of the rectum may be confounded with hæmorrhoids, as it causes the same sensation of weight and uneasiness in the pelvis, with frequent desire to go to stool, and more or less straining. The fæces are somewhat flattened, and there is a great deal of glairy reddish mucus discharged. When the tumor has a long pedicle, or when it is situated near the anus, it may protrude during defecation.

The tardy growth of a polypus, its occasional protrusion at the anus, the hæmorrhage which invariably exists, and the age (childhood) in which it usually appears, are enough to make its recognition easy. If any doubt is felt a digital examination will dispel it.

Stricture of the rectum may be distinguished by the history of the case, and by a thorough examination with the finger and speculum.

Fistula being always caused by an abscess, we can trace it back by its history. Instead of a tumor in the region of the anus one or more openings are to be found, which give vent to a purulent or sanguineous discharge, causing the parts to be constantly moist, tender, and indurated, and the patient is often conscious of the escape of gas, mucus, or fecal matter through these orifices. A thorough examination by probe

and by finger inserted into the rectum will readily determine the complaint.

Fissure of anus is accompanied by horrible pain during and for some time after defecation, and by violent spasmodic contraction of the sphincters, tenesmus and straining, with a sense of weight in the parts and soreness in the perinæum, thighs, and sacro-coccygeal region. The bladder soon becomes irritable and the general health fails. The bowels are sometimes relaxed, at others constipated. Defecation is postponed as long as possible on account of the intense pain produced by an evacuation. The introduction of the finger brings on a paroxysm of pain almost amounting to a spasm. The diagnosis can be made out best by the introduction of a speculum, which may have to be done while the patient is under the influence of an anæsthetic. On examination by the speculum we find the fissure situated just above the verge of the anus, extending from the skin upward through the mucous membrane in the form of a gutter or groove. This fissure varies in length from a half to one inch, and in width from a half to one line. The bottom, usually formed by submucous cellular tissue, is of a grayish or whitish appearance, often incrusted with a plastic lymph.

Cancer of the rectum can be distinguished by the sharp, lancinating pains, extending into the thighs, perinæum, and sacrum, in addition to the sensation of weight and pressure in the pelvis. The fæces will be flattened; there is a discharge of a large quantity of thick glairy mucus streaked with blood, which escapes involuntarily. The rectum does not become prolapsed, as may be the case in hæmorrhoids; the parts around the rectum become indurated, and the patient's health fails rapidly, showing the characteristic emaciation of cancerous subjects.

R. E. Caruthers, M.D.

TREATMENT.

In the treatment of hæmorrhoids for their radical cure our efforts should first be directed towards the removal of the exciting cause of the same; but we should remember that they do not always disappear with their exciting cause, and this is especially so in chronic cases.

The diet should be plain and simple, avoiding all rich, highly seasoned, and heat-producing food and beverages. Articles of food that are easily digested, leaving as little fecal refuse as possible, and of a nature to favor a laxative condition, viz., such as promote the secretions and the peristaltic movements of the bowels, should be recommended.

Animal food should be used not oftener than once a day, in small quantities, and without condiment; stewed and ripe juicy fruit; bread made of unbolted flour, and other articles of food of a similar nature, together with the habitual free use of pure cold water as a beverage, will do much for the comfort of and aid in the cure of your patient.

Dr. Rochard, of Paris, in referring to the importance of proper hygienic and dietetic regimen, remarks that surgical interference should be more and more restricted in hæmorrhoids, and that many cases of this infirmity may be promptly relieved by a suitable regimen combined with simple hygienic treatment; he advises patients to go to stool only on going to bed, after a cold enema for the purpose of facilitating defecation; after perseverance in this particular, defecation takes place regularly, the hæmorrhoidal flux ceases, turgescence and procidence no longer occur, and the tumors diminish in size and consistence; the normal order of things is re-established.

Exercise should be indulged in moderately and upon foot; the recum-

bent rather than the sitting posture is preferable while at rest, and if compelled to sit a great deal cane-seat chairs are easier and better than the upholstered.

When internal piles come down at stool the patient should provide himself in the closet with a basin of cold water and piece of sponge or soft linen rag to apply to the parts; after bathing or sponging anoint them well with simple cerate, suet, or cosmoline.

The use of printed or stiff harsh paper should be avoided, using in its place soft paper slightly moistened.

The bowels should be kept open and regular, as in a majority of cases the disease is unquestionably connected with constipation, which, therefore, should receive a due share of our attention.

Nothing can remove the torpid condition of the bowels upon which constipation depends, unless all indurated fecal matter be removed daily, in order that the debilitated parts may have sufficient time to recover their impaired tone. The frequent use of purgatives should not be allowed, as they irritate the rectum and often are more hurtful even than the constipation.

In addition to the indicated internal remedy and proper hygiene and diet, an enema, either cold or tepid, taken so as to relieve the bowels just before going to bed, may be used; as to which is preferable, warm or cold, seems to be an unsettled question; but where the rectum is dry and hot cold enemas are the better, and where a great deal of mucus is secreted, warm; the comfort and feelings of the patient of course always being consulted.

The great distress so often occasioned by this disease, and knowing that it will take some time for our remedies to effect a radical cure, or even give relief, we should not neglect certain external applications and palliatives, as warm and cold sitz-baths, unguent, either simple, viz., cerate, cosmoline, cocoa butter, olive oil, and suets, or medicated, viz, Hamamelis, Collinsonia can., Æsculus hipp., Carbolic acid.

If called to a case where the piles are protruding and strangulated, and the patient suffering the greatest agony and pain, they should be at once returned without waiting for the action of remedies.

To effect this the patient should be directed to lie down; apply for a few moments cold water or crushed ice; then by gentle pressure endeavor to empty the tumors of blood; follow this up by compressing the whole mass with fingers of both hands if necessary, pressing them up within the sphincter. To resist the expulsive effort which will be provoked, keep up for a few moments the pressure of the fingers upon the anus, or, what is better, by the use of a small sponge dipped in ice-water. If this is not sufficient, and pressure is required for a longer time, use a perineal bandage attached behind and before to a split band passed over the shoulder.

It has also been recommended to puncture the tumors by a needle in several places and then bathe them with cold water, directing the patient to remain quiet and in the recumbent position. In a short time, if the tension and swelling have subsided, they may be replaced within the sphincter without difficulty.

If the case has been neglected, and from the constriction of the sphincter the tumors have become strangulated and more or less gangrenous, they should not be interfered with; poultices should be at once applied, and we know of none better than ground flaxseed and poppy flowers.

Where the tumors are highly inflamed and very sensitive, the application of some astringent, either in the form of lotion or unguent, viz.,

Plumbi acetas, Tannic or Gallic acid, are highly recommended by the old school as productive of great relief, and that they hasten the cure.

Among the many remedies for the cure of hæmorrhoids the following are the most prominent and oftenest called for, judging from our literature and from converse with many of our practitioners of large experience, viz., Sulphur, Nux vomica, Hamamelis vir., Collinsonia can., Æsculus hipp.

The following symptoms are the indications for the use of

Sulphur.—All sorts of piles; constant urging to stool, with diarrhœic discharges or hard fæces; violent pain in hæmorrhoids, as if inflamed, worse in morning; single violent stitches in rectum during stool, also between stools, causing him to start, and arresting breathing; prolapsus recti during stool, particularly when hard; tension, pain, and stiffness in small of back, as if the parts were too short; colicky pains in bowels; frequent tendency of blood to the head; palpitation of the heart; weak digestion; lose of appetite; sudden hunger with faintness before dinner; sleepiness; pain in pit of stomach, with difficulty of breathing; itching hæmorrhoids.

Hamamelis.—General disposition to varices; profusely bleeding piles characterized by burning, *soreness*, fulness, and weight; at times rawness of anus; constipation, with dry, hard stool, coated with mucus or blood; weakness and weariness in back, as if it would break off; tumid hæmorrhoidal veins of bluish color, the anus surrounded with a red erythematous circle; pricking pains, worse from pressure, from the wrist to the shoulder along course of superficial veins; severe frontal headache; restless nights. External application of unguents, medicated with some remedy, is often resorted to, and with satisfactory results.

Collinsonia can.—Piles bleeding incessantly though not profusely, or protruding piles without bleeding; bleeding hæmorrhoids with alternate constipation and diarrhœa; sensation in rectum as if a stick, sand, or gravel had lodged there; aggravation towards evening, until late at night, better in morning; constipation, with a great deal of flatulence and pain in the epigastrium and loss of appetite; hæmorrhoids in pregnant women in latter months from congestive inertia of the lower bowels; pains in epigastrium; congestion of pelvic viscera. This remedy may also be used as a direct application to the tumors.

Nux vom.—Hæmorrhoids excited by use of strong heating beverages, as wine, brandy, and coffee, or by mental labor or from heavy lifting; itching hæmorrhoids, very rarely bleed; especially suitable to persons who lead a sedentary life if hæmorrhoids are large in size accompanied by stitching burning or itching of anus; sensation as if rectum was constricted and the passage for transmission of fæces too narrow; ineffectual urging; constipation; headache; dull stitches in back and ischiatic region; the least movement causes a pain in the small of the back, as from a bruise, compelling patient to walk and stand bent over; sleeplessness early in morning; heaviness of head, inability to think, with vertigo; discharge of pure blood after or between the stools; fissures in anus with great sensitiveness of the rectum.

Æsculus hipp.—Protruding piles, when there is little tendency to hæmorrhage, but much severe fulness and bearing down with constipation; large hæmorrhoids, which quite block up the rectum without much bleeding; the tumors protrude from rectum, are of blue color, with sharp, shooting, cutting pains in them, running up into the sacrum; excessive dryness of rectum with a feeling of heat; dry, uncomfortable feeling in the rectum, which feels as if it was filled with sharp

sticks; severe fulness and bearing down; aching pain and lame feeling in back.

Lycopodium.—Is particularly indicated for old cases; patients of yellow-gray complexion; depression of spirits, lassitude, and restlessness; protrusion of varices painful when sitting; distension of whole abdomen and rumbling after stool; obstinate constipation and excessive flatulence; congestion of thoracic organs; liability of rectum to protrude; itching eruption around the anus, painful to touch; frequent urging to urinate; slimy or reddish-sandy sediment in the urine.

Nitric acid.—Old hæmorrhoidal tumors, secreting much slime and protruding and bleeding profusely after each stool; sharp cutting pain in rectum lasts for hours after an evacuation, much worse from a loose stool; very painful stools with profuse bleeding; the pain lasts so long it is very exhausting; fissures in anus; prolapsus ani; burning in anus as of hot poker; should be thought of in patients who have had syphilis or been mercurialized: urine smells very strong like that of a horse.

Pulsatilla.—Discharge of blood and slime with stool; with pallid countenance and feel as if they would faint; colicky pains; obstinate constipation with painful pressure upon the tumors; backache; mild, gentle, tearful disposition; scanty urine and no thirst; catamenia delayed, scanty, or suppressed.

Calcarea carb.—Chronic cases of profusely bleeding piles; protruding piles, where the hæmorrhage has been habitual, and has ceased or been suppressed, with constant dizziness, especially so on going upstairs; aggravated when walking, better from sitting; too early and too profuse menstruation; habitually cold, damp feet; heaviness and fulness of head; constipation, with white chalklike stool.

Aconitum.—Bleeding of hæmorrhoids, with stinging shooting and pressure at anus; constant heat in the tumors; sensation of fulness in the abdomen, with tensive, pressive, and colicky pains; bruised feeling in back and sacrum; general febrile symptoms.

Arsenicum alb.—Is useful in single attacks; especially if the whole organism is deeply affected; hæmorrhoids which burn like fire, particularly at night; the tumors are hot, dark red, and painfully sensitive; stools accompanied by an increase of pain, even causing the patient to faint; tumors bleed much without, blood of a dark color; fissure of anus, with impossibility of voiding the urine; bloody urine; great weakness, restlessness, and thirst.

Kali carb.—Tumors swell and become large and painful; they bleed, especially during micturition, and emit slime afterwards; constipation, with too large stool and distress one or two hours before; colicky stitching pains; better from horseback riding.

Lachesis.—Protruding hæmorrhoids very painful; every time they cough or sneeze a stitching pain is felt in the hæmorrhoidal tumor; sensation in anus and rectum as if several little hammers were beating there; catamenia at the regular time, but too short and feeble; especially indicated in patients at the critical age with scanty menstruation.

Muriatic acid.—Large protruding piles, bluish and extremely sensitive and painful; much prostration; cannot bear slightest touch upon anus, which often itches violently and is not relieved by scratching; prolapsus recti on passing off of loose stool during micturition.

Apis.—Small protruding hæmorrhoids with stinging and burning pains, almost intolerable, making patient very irritable and fidgety; stool constipated and very offensive, followed by tenesmus and discharge of blood.

Aloes.—Protruding piles like bunches of grapes; hæmorrhoids very

much congested, bleeding often and very profusely, which leaves the patient very much exhausted; hot and sore, relieved by cold water; sense of insecurity in bowels as if diarrhœa would set in at any time.

Antimonium crud —Bleeding or blind piles, with pricking and burning, associated with anal fissure; mucous secretion from rectum, staining linen yellow; disordered stomach; belching with the taste of food and nausea; much flatus preceding a hard stool.

Belladonna.—General plethora; bleeding piles, with violent pains in small of back, as if it would break; violent stitching, darting pains in the anus; incarcerated varices by a spasmodic contraction of the sphincter ani, with great pain from slightest touch; colicky pains previous to every evacuation; copious discharge of blood, with but very little relief; retention of urine; febrile restlessness; especially useful in single attacks.

Dioscorea.—Piles like grapes around anus, not bleeding; involuntary discharge of slimy mucus from anus; darting pain from old hæmorrhoidal tumors to the liver; black, hard, dry, lumpy stool, last part soft, white and mushy, followed by prolapsus.

Ammonium carb.—Bleeding hæmorrhoids, which protrude during stool and also without stool, painful as from excoriation; discharge of blood during and after an evacuation; burning pain in rectum; itching of anus.

Chamomilla.—Bleeding piles, with pain in abdomen, frequent urging, and diarrhœa; tearing pain in small of back, mostly worse at night; painful ulcerated fissures of anus; great sensitiveness, crying, and tossing; very irritable and peevish.

Carbo veg.—Large protruding bluish-looking tumors, even suppurating, emitting a terrible smell, with stitching and burning pains in small of back; burning and tearing in the limbs; constipation, stool tough, scanty, and difficult of expulsion, very brittle; burning in rectum, most at night; much rising of sour rancid fluid; flatulence; frequent congestion to head, and nosebleed.

Graphites.—Hæmorrhoids and prolapsus of the rectum, even where there is no desire for stool, as if the rectum had lost its contractile power, and had been paralyzed; painful burning cracks between the tumors; constipation, stools large, difficult, and knotty, with hardness in region of the liver; menses too late and scanty; very profuse watery leucorrhœa; the discharge occurs in gushes day or night, and is often excoriating; unhealthy skin; every injury suppurates.

Podophyllum.—Hæmorrhoids from congestion of the portal system; alternate constipation and diarrhœa; hæmorrhoids and prolapsus ani, with diarrhœa of long standing; severe straining during stool, with emission of much flatulence; mucous stool, with spots and streaks of blood; may be found useful in both bleeding and non-bleeding piles.

Mercurius.—Large bleeding piles during stool, which is watery; hæmorrhage from rectum during stool; falling of rectum, which is black and bleeding; inflammation and suppuration of the tumors.

Capsicum.—The tumors are very large, with a discharge of blood, which causes a burning pain in anus; painful drawing in small of back and back; stool mixed with bloody mucus; blind hæmorrhoids with agonizing pains on evacuating the bowels.

Ignatia.—Bleeding piles, with violent shootings extending high up into the rectum; profuse discharge of blood; prolapsus recti during stool; cutting and tearing in rectum continuing hours after the stool.

For the latest and most successful remedies used by the "old school for the treatment of hæmorrhoids," we refer you to Naphey's *Therapeutics*, where a very full and complete résumé will be found; many of them you will recognize as well-known homœopathic remedies.

Surgical Treatment.

If the means and measures to which we have called your attention fail, or the patient is unwilling to wait, either from impatience or force of circumstances, a sufficient length of time to produce a cure; or if hæmorrhage be so frequent and profuse as to seriously interfere with the patients' health, and they will no longer bear the pain, distress, and inconvenience it gives rise to, operative measures may be had recourse to for the removal of the offending tumors.

The periodical hæmorrhages which so often accompany this diseased condition are justly regarded as safety valves in many persons and states of constitution and habits of life, relieving congestions of liver and kidneys, as well as warding off attacks of gout and preventing fits of apoplexy.

In some cases this hæmorrhoidal flux relieves the patients of all their disagreeable symptoms, and they feel perfectly well until another attack of the hæmorrhoids occur, to be again relieved by this hæmorrhoidal flux; but we should remember that this hæmorrhage is not always venous, for we have arterial hæmorrhage caused by the rupture of vessels enlarged by the disease. This arterial hæmorrhage is quite another thing from the venous or periodical discharge before referred to, and that it is beneficial to the health of our patient is, to say the least, a mistaken idea. It is therefore quite important that we examine closely as to whether the bleeding that occurs is caused by a local disease, or whether it arises from congestion of the internal organs or constitutional plethora.

It is conceded by most authorities on the subject that operations for removal of internal hæmorrhoids should be avoided after the seventieth year.

Excision.—This mode of removal of the hæmorrhoids should only be used in operating upon external piles. It is an easy operation, soon performed, and very successful.

If there be but one tumor, small in size, it is a good plan to open it freely and then squeeze out the dark coagulum, directing the patient to remain quiet for several hours. The inflammation will gradually subside, and the vein become obliterated, and the tumor shrivel up to a small fold.

Where the tumors are large and numerous, the patient should be put under the influence of an anæsthetic; the tumors should then be seized with the hæmorrhoidal forceps, drawn down a little and then removed from margin of the anus with a pair of knife-edged scissors, curved on the flat. After the operation there is but little hæmorrhage, and gentle pressure, by means of cotton-wool lodged in the hollow, and retained by a T bandage, will be all that is required. If a vessel be seen spurting out blood it should be secured by a ligature.

The operator should be careful not to cut the parts too extensively, lest the skin at the base of the tumors be too freely cut away, thus causing the anus to become so contracted as to give rise to much distress from defecation.

Internal piles may be removed by cauterization, ligature, écraseur, or by absorption. Owing to the dangerous bleeding following the excision of internal piles, this operation for their removal is not now practiced.

Cauterization.—The use of Nitric acid for the cure of the florid vascular piles is highly recommended by Dr. Houston, of Dublin, in a paper published in 1843. Professor Curling, of London, claims that the "Acid nitrate of mercury" is even more effectual, and is the escharotic to which he gives the preference. He thus describes the operation: Means having been taken to bring the tumors down well into view, the patient should

lean over a table, or lie on a couch on the side, the nates being well separated by the hand of an assistant. The operator should then take a flat piece of wood, and having dipped it in Acid nitrate of mercury or in concentrated Nitric acid, apply the escharotic to the entire surface of the hæmorrhoids, until its florid hue becomes quite changed to ash color; no speck of red should be allowed to remain. Care must be taken that none of the caustic fluid touches the skin at the margin of the anus, and the parts around the pile must be protected by a pair of bladed forceps. After allowing it awhile to act, remove the clamp and bathe the parts well. This must be repeated every few days until the growth is removed. If the tumors are small this operation answers very well, but it is not adapted for the removal of large ones.

One of the most effectual methods of removing internal hæmorrhoids is by the use of the actual cautery, and some of the most prominent surgeons prefer this operation.

The complete protrusion of the tumors should be procured; have the patients lie on their side on a couch or bed of convenient height, with thighs raised, an assistant separating the nates; seize the hæmorrhoidal tumors separately with the volsellum forceps, and draw them well out; a firm clamp is then applied to the base and tightly closed, which is to be held by an assistant. The mass projecting between the blades of the clamp is to be removed with scissors curved on the flat, leaving a good base, which is to be wiped dry; the cautery iron raised to a red heat is applied to the cut surface, which is burned down to the level of the clamp; the clamp is then removed, and applied in a similar manner to any other tumors requiring removal; the parts should now be well oiled and put within the bowel with as little disturbance of the eschar as possible.

The operation for removal of internal piles by ligature may be most conveniently performed in the following manner: The patient should first be prepared for the operation by having the bowels well evacuated. Ether being administered if necessary, and the nates being well separated, you seize and draw out with the pile forceps a projecting tumor; giving the instrument to an assistant, make with the scissors a deep notch or incision along the base of the pile, at the point of junction of the mucous membrane and skin, cutting parallel with the coats of the rectum, and not into the tumor; now carry the ligature well into the groove, knot it tightly and securely at the root of the growth, so that it may be effectually strangulated at once, as in this way they suppurate much more readily and with far less pain. If the hæmorrhoids are very broad at base, or large, it is better to pass the curved needle, armed with a ligature, to the bottom of the groove made by incision and through the central part of base of tumor; withdraw the needle, and tie the ligature on each side of the pile; any remaining tumors are afterwards to be treated in the same manner.

If there is no disposition to bleeding from incised surfaces, which is seldom the case, the ends of the ligatures may be cut off short and the strangulated mass well anointed with cerate or cosmoline, and gently pushed up into the rectum. Should you, however, apprehend hæmorrhage, leave the ligatures long, so as to draw down the parts and get at any bleeding vessels. The free incision of the base of the tumor before ligating is preferable to ligating without, because it lessens the after sufferings of the patient.

The pain caused by this operation varies a great deal; it is generally slight, and soon subsides; but in some cases it is very severe, accompanied with restlessness and want of sleep. This can be relieved by the application of poultices, fomentation, or crushed ice to the parts. The patient

should remain perfectly quiet and in bed until the separation of the ligatures occur, which is in from four to ten days.

Professor Helmuth, in giving the surgical treatment of hæmorrhoids, speaks of the operation by the écraseur as his favorite method of removing all external hæmorrhoids. The tumors are brought well out to view by a needle and thread, which is passed through them. By traction upon the thread the hæmorrhoid is well drawn out and kept out until the chain of the instrument bites. The thread may then be removed, and the screw at the handle turned slowly. The tumor can now be removed, in from eight to twelve minutes, without pain. There is generally a portion of mucous membrane impacted between the chain and the side of the instrument. This may be divided with scissors, and the instrument removed, leaving a lacerated wound, which soon begins to heal. The chief advantages in this operation are the absence of pain after operation and speedy cure of the patient.

Absorption.—The injection of the tumors with a saturated solution of Carbolic acid oil is a means of getting rid of these tumors but recently brought to the notice of the profession. Take of Carbolic acid crystals and Olive oil equal parts; of this oleized carbolic acid take from four to six drops, and selecting the uppermost hæmorrhoid inject it into its interior. The injection turns the tumor white, probably coagulates the blood in its vessels, and results in its shrinking away without inflammation being severe enough at any time as a general thing to prevent the patient from sleeping. When the irritation from the first injection has subsided, the rest of the tumors are to be treated in the same manner.

Mechanical supports of various kinds have been devised for the relief of hæmorrhoids, viz., bougies, metallic plugs, pads, conical in shape and made of ivory or rubber, bandages, etc. But such means are very rarely required, and if resorted to at all it is in cases where the patient is far advanced in life or is reluctant to undergo an operation, or is an unfit subject for one.

The surgical means adopted for the removal of piles in which Electricity is the agent used we will next consider.

In order to make this subject interesting we will make use of the records furnished by different specialists, and give the latest methods by which this force is made to serve our purpose.

In popular treatises on Electro-surgery, by all authors, we find a strong favoritism existing for the use of the "electro-cautery" in operations on piles.

Allingham and Van Buren, in their respective treatises on diseases of the rectum, simply allude to the galvano-cautery as a means promissory to operations on hæmorrhoids when having the proper apparatus at hand, but not having given special attention to the subject leave it without further comment.

Butler, in his work on electro-therapeutics and surgery, says that outside of gynæcology there is no condition which more frequently calls for the use of galvano-cautery than hæmorrhoids; and that it is in his mind the most satisfactory method by which they can be removed, and that he has never heard or known of any ill effects following when in the hands of a skilled operator. As the operation hermetically seals the veins and for a time disables the absorbents, the danger of septicæmia, pyæmia, phlebitis, or hæmorrhage is avoided; but one operation is necessary, and the ulcer left heals rapidly. He then dresses the parts with Calendula cerate or carbolized oil, and allows the bowels to remain quiet until the ulcers heal, which they generally do in from seven to nine days.

Dr. T. F. Frank, of our city, in an article on the use of the "Electro-

cautery for Hæmorrhoids," published in the *Archives of Electrology and Neurology*, compares the several methods of operating on these tumors, and shows by the successful treatment of a number of cases the superiority of the electro-cautery. In the same article the writer instructs the reader, making clear many things in regard to electricity which unfortunately other authors leave obscure, and gives us his means of providing proper apparatus, at little expense, so that any practitioner can avail himself of the facilities afforded by the electro-cautery.

This treatment the doctor claims combines within itself all the other methods used in operating on hæmorrhoids, viz., the knife, ligature, styptic, and anodyne, claiming that of necessity alone the surgeon should be provided with a cautery apparatus for use in cases where other plans of operation are used. As the pathological conditions of the tissues adjacent to the tumor are invariably aggravated by the pressure of the ligature and from the time it is applied, the patient is in pain until sloughing has caused a separation of the mass; in some cases the sloughing continues after the tumor comes off and bloodvessels give way, causing internal hæmorrhage and endangering the life of the patient. Under the most favorable circumstances the ligation of piles is tedious compared with the rapid and painless operation by electro-cautery.

Dr. Franks says, having anæsthetized and placed your patient in proper position, dilate the sphincter ani. bring down the tumors, and encircle the highest one up first with whalebone spring. The instrument used is an écraseur, with whalebone instead of the chain. Drawing it sufficiently tight to strangulate the pile, cut off within an eighth of an inch of the loop the pile. After thoroughly drying, brush quickly over the stump with the flat part of your platinum instrument, which has been raised to a light-orange heat by means of a small cautery battery, until the entire surface has assumed the appearance of boiled meat; this being done the whalebone is gradually loosened and the operation repeated on the other tumors.

To obtain the best results you must maintain a uniform heat during the operation.

The operation by means of whalebone spring is much preferable to the platinum wire, inasmuch as when using the latter a battery of very strong power is required, and consequently very expensive, and the surgeon must be possessed of great experience in the use of his instrument, while in the former the most simple apparatus is sufficient, an with ordinary dexterity any surgeon can successfully perform the operation.

Patients operated upon by this method are free from pain immediately after the operation, can defecate without inconvenience, and recover in less time than where the loop is used.

The electrolytic operations adopted recently to disintegrate piles of small size and where there is but little inflammation, seem to promise well, as these tumors can be reduced without the use of anæsthetics. The battery should be so constructed that the current may be increased *ad libitum*.

W. F. Edmundson, M.D.

1878.

ANAL FISSURE; ANAL ULCER; PRURITUS ANI; ECZEMA MARGINATUM; HERPES AND ERYTHEMA; OXYURIS VERMICULARIS.

BY L. H. WILLARD, M.D., ALLEGHENY CITY, PA.

In conjunction with the paper presented by the Allegheny County Society to this Society, I am led to contribute my share as a member of the Surgical Bureau by writing upon other affections of the rectum which bear an intimate and close relation to the affection which is the subject of that paper.

We speak of pruritus ani, erythema, herpes, eczema, eczema marginatum, oxyuris vermicularis (threadworm), anal fissure, and ulcer

These annoying affections are so often met with that we select them, leaving other and important diseases of the rectum, which we hope may be taken up at some future time.

Perhaps the most important part of a surgeon's duty, when application is made for relief from these affections, is to make an examination of the parts. This we consider not only necessary, but it often relieves the surgeon of the annoyance of a false diagnosis. So many of these affections bear in their symptoms so close a resemblance to each other that it becomes of vital importance to a truthful diagnosis that a careful examination be made, not only externally, but internally, by means of the finger and speculum.

No false delicacy should prevent our being fully satisfied of the disease we have to treat, and no one has a better right.

It has been our experience in many cases to find affections of the uterus producing irritation of the rectum, when, on curing the one, the irritation, itching, etc., disappeared. Writers have described a profuse diarrhœa in some instances being symptomatic of stricture of the rectum. Numerous other causes and affections could be adduced showing the importance of *careful examination.* Should the patient be a female perhaps the first examination permitted will be by the finger, which will enable the operator to detect stricture, fissure, ulcer, or hæmorrhoids, and, these being satisfactorily determined, may pave the way to a still more thorough examination by the speculum.

We have found a good way to quiet the irritation of the sphincter is to first apply to the anus an ointment composed of Extract belladonna 10 grains to 1 ounce of lard; then, after a few moments, introduce the finger, well greased, and proceed slowly. The sphincter, becoming accustomed, will yield gradually, and the introduction made complete.

If examining by the speculum select the position advised by Simes in uterine examinations; or, as Allingham states, place the patient in the prone position, with the hips well elevated upon hard pillows to such an inclination that the intestine will gravitate toward the diaphragm, so that when separation takes place the rectum becomes patulous, and you can see as far as the sigmoid flexure perfectly and distinctly.

The speculums used are the bivalve and many others. The one recommended by Curling is a glass reflecting speculum, with a large side-opening and a conical extremity.

The rectoscopes I have never used, and hence cannot speak of their usefulness.

As an adjunct to rectal examination and operation anæsthesia is valuable. Commencing at first with a dose of Morphia, given an hour previously, then the inhalation of Ether, and, if the patient is refractory, completing thorough anæsthesia by Chloroform, or using any one of the preparations proposed by Sansom (see Sansom on *Chloroform*).

We would here remark, before closing the introduction of this paper, that no operation, however trifling, should be performed before we take into consideration the state of the patient's health. Had such a consideration been carefully thought of I should have been saved much regret and my patient much pain, from whom I recently removed a small external hæmorrhoid, because it interfered with treating an ulcer of the rectum, and which operation, I am sorry to say, lighted up cellulitis of a violent nature in and around the anus, which, although partly cured, at present writing, gives me many grave thoughts as to the ultimate termination. It has taught me this lesson, never to operate, however trifling the operation may be, on a weak and enfeebled patient, and especially with the écraseur; for the twisting and torsion, however serviceable in preventing hæmorrhage, involves other structures in and around the anus which are best left undisturbed.

We are very often consulted by patients who complain of violent itching of the anus through the day, and in many cases excessively intensified during the night after getting warm in bed. It may be symptomatic of other diseases, such as hæmorrhoids, fissures, eczema, thread-worms, etc. For the simple pruritus, uncomplicated with other diseases, a careful regard to cleanliness, cleansing the parts thoroughly night and morning, and by using soap called juniper-tar soap, a local bathing with warm bran tea, an alleviation is soon effected; but we cannot say the cure is complete, for the low degree of inflammation of the integument which lines the anal orifice, produced by overstretching when at stool, will require the administration of the well-selected remedy, such as Graphites, Causticum, Lycopod., Phosphor., Acon., Ignat., Ferrum, Teucrium, Sulph., Merc.

Sometimes, accompanying this itching, there will be found on examination, a collection of fever blisters, or what is called herpetic eruption, around the anus, due in part to the patient taking cold, and following the same course as those found on the lips, etc. They soon dry up if care is taken in regard to cleanliness, but otherwise may become complicated with erythema.

We have directed our patients to attend to this troublesome affection by first using the soap already spoken of, or common yellow soap, and cleansing the parts, then washing off the soap with pure cold or lukewarm water, then using Carbolized glycerin one part to ten. This repeated carefully, night and morning, will generally effect a cure.

Whilst there may be but little difficulty in curing the above-named affection, chronic eczema, with its moist exudation, its aggravation after getting warm in bed and furious itching, will require, in addition, constitutional treatment, with a very carefully regulated regimen.

When the patient applies early for relief in this affection, not much difficulty will be experienced in the cure. In addition to cleanliness, remedies must be given which have a direct bearing on the constitutional symptoms, and should the itching be very bad at night, a few applications of Chloroform ointment will afford great relief. In the older form of this complaint, when, in addition to the moist exudation, we see the skin around the anus presenting a water-soaked appearance, with in-

creased redness at the bottom of the folds of membrane, and sometimes cracks extending pretty well within the sphincter, we have a troublesome affection to deal with, and one, by the very nature of its situation, rendered tedious. A careful investigation must be made, taking into consideration the patient's habits, condition of the bowels, and an examination of the rectum, to see if these cracks extend above the external sphincter. If they do we have a fissure which will be spoken of hereafter. Then give the remedy and, if possible, a preparation of the same externally. In addition to the Chloroform ointment already spoken of, Dr. Van Buren recommends, as of great value, a piece of oakum applied to the parts, to prevent the affected membranes coming in contact. He says the tarry exudation from the oakum constantly bathes the parts, keeps them moist, and contributes very materially to the cure.

There is another affection of the rectum which bears a close relation to eczema. It is called by von Hebra, Eczema marginatum, in consequence of a parasite which is known as the *trichophyton* of Malmsten. It consists, as the name implies, of an eczematous eruption, with elevated edges and well-defined margin, and gives rise to the most violent pruritus. We cannot recommend remedies in this affection without first having destroyed this little insect. To do this, some writers affirm that a solution of Sulphurous acid will effectually accomplish the object. According to Van Buren it is done by sopping on the part a solution of this acid diluted with an equal quantity of water, three times a day. If this is well borne the solution is made stronger. The prurigo growing less, the applications are not made so often, so that by one week the affection is cured.

The last of these minor affections before we speak of fissure, is a very frequent one; Oxyuris vermicularis or thread-worm. It is not confined to children, but affects all stages of life, and proves a very annoying affection. There is the same intolerable itching accompanying the disease as with the other affections spoken of, always worse on getting warm in bed. On examining the parts there is generally no sign of disease, unless it be a little excoriation produced by the persistent scratching.

Further investigation within the rectum reveals the disease, or the diagnosis may sometimes be made by seeing the threadlike particles around the verge of the anus. As instant relief is always demanded by the patient, the best remedy for the removal of these troublesome ascarides, temporarily, is by means of injections composed of lime-water, a half-pint at a time, retaining it as long as possible; another, a half-pint of water medicated with as much Potassa chloras as the water will dissolve; again, the injection of glycerin and Carbolic acid water; some also use turpentine, a half teaspoonful with a tablespoonful of sweet oil; salt water, cold water are all spoken of as means to give temporary relief. These, as we have said, are only palliative. The cure will be found by regulating the patient's diet; if a child, regularity in the time of eating, with no infringement of the rule, and well-selected food, suitable to their age. If an adult, total abstinence from stimulants with well-regulated diet will do very much toward the cure.

The remedies are Cina, Lycopodium, Pulsatilla, etc.

Ulcer of the Rectum.

We make the distinction, only recently recognized by a few writers, that anal fissure and an ulcer of the rectum are different affections. While the plan of treatment does not differ materially, yet the pathology is at variance. In fissure, as the name implies, we recognize a slit, a crack, which is oblong, and may be found in the recent state to be a

mere slit of the mucous membrane. If of long standing the edges are hard, and discharge with the stool some pus and blood. On the other hand, the ulcer is more or less round or irregular in shape, discharging, it may be, the same kind of matter as the fissure, with this exception, that there is generally more pus. The seat of the ulcer is usually in the lower part of the rectum near the external sphincter, sometimes higher up among the folds of the membrane which envelop it, unless the rectum is distended. It arises sometimes from a diseased condition of a gland or glands in persons of an enfeebled constitution with constipated habit, the straining at stool producing an abrasion or cleft, which degenerates into an ulcer. On examination, says Curling, the name of fissure is commonly given, but which reveals something more. Other causes producing these ulcers, are, the removal of piles, the stump failing to heal properly; application of Nitric acid, acid Nitrate of mercury, generally for the cure of hæmorrhoids; lodgment of fecal matter, etc.

The symptoms will be found similar to fissure if extending to and in any way implicating the sphincter, for then there will be the painful defecation with spasm of the sphincter, producing torment, which, commencing a few moments after defecation, may continue for hours, reducing the patient by the intense agony. This acute pain, however, will not be so great if the ulcer is situated higher up in the bowel, for, in that situation, the sphincter not being involved, there will only be the pain of a burning character during defecation and uneasiness afterward, as if the bowels were not thoroughly moved. The symptoms are progressive in character. At first the patient may notice some soreness during defecation. This may continue some time, and recovery take place if the constitutional habits of the patient get better; but should, on the contrary, more difficulty in defecation be experienced, the pain each successive time grows worse, and when the ulcer reaches the sphincter the harrowing symptoms, already described, set in, or the soreness remains confined principally to the act of defecation.

Tactile examination very often reveals the nature of the trouble if the ulcer is an old one, but a recent one requires the speculum to make the diagnosis certain.

The treatment of this ulcer will be considered with that of anal fissure, there being, as already mentioned, very little difference.

Anal Fissure.

The seat of this affection is generally on the posterior surface of the external sphincter, but at the same time no portion of the sphincter is exempt. It usually begins about a line above the margin of the anus and extends in a vertical direction, following one or other of the furrows between the folds or columns of the mucous lining of the rectum. Its length varies from a third of an inch to an inch and a half; very rarely is it more In the recent state the edges of the fissure are soft and pliant and but little raised. As the fissure becomes chronic its appearance changes; from the pliant and red appearance it will, after a time, become hard, with raised edges, penetrating no farther, in many cases, than the mucous membrane; in others the mucous membrane and the submucous cellular tissue are involved, and at the bottom of the fissure will be found the muscular coat of the intestine.

The cause of fissure is constipation. Both Albucasis and Paulus Æginieta, in early times, attributed the affection to this cause, the consequence of which is violent straining at stool, during which a slit is made in the mucous membrane of the rectum. In consequence of the same condition continuing, and the patient neglecting to have relief afforded for the little pain and soreness he experiences, the sore becomes painful, until at last the symptoms compel him to seek relief, when we find that

peculiar morbid condition which is characteristic of fissure of the anus. The symptoms of anal fissure are very much the same as the ulcer. We have the same characteristic burning, though not so marked as with the ulcer, but we have a more marked interval of rest after defecation, and the then agonizing pain produced by anal spasm. This is only so in the chronic stage. In the early state we have sensations similar to many other affections of the rectum, the burning, throbbing, soreness, etc.; hence the only reliable way to establish the diagnosis is by examination. A great majority of patients, when the fissure has been in existence some time, do not suffer much during defecation, but in the course of ten or twenty minutes the agony begins and continues, the same as in anal ulcer, from one to many hours, then leaving the patient in comparative ease, only to be repeated after the next evacuation. The interval elapsing between the evacuation and pain we have said is sometimes a few moments Some writers describe it as occurring from ten minutes to two hours. Dr. Van Buren attributes the pain to dilatation caused by defecation. This may in part explain, but not sufficiently, as we have the same pain after loose evacuations. We leave this explanation where we find it, as it is yet a mooted question and not satisfactorily explained.

Anal spasm of hysterical females and of irritable rectum we do not propose to discuss.

We would propose, in this place, as a means of treatment not generally adopted by our school, "rectal medication." We are all well aware that the glands of the rectum have been found to absorb medicinal substances in such a manner as to insure their speedy action on the system.

There seems to be a great paucity of literature on this subject in our school. A few writers have given remedies with their characteristics, but by far the greater majority have merely given the remedies without specifying the most useful for the cure of this pain, which, after all, is really to cure the disease. This was Dupuytren's idea, arguing that the fissure or ulcer was in consequence of the anal spasm; hence his bougies, ointment of Belladonna, Mercury, etc , with emollient cataplasms of bran, oatmeal, and warm poultices, which, diligently applied according to his instructions, were sufficient to cure the disease.

Whilst his idea concerning the pathology according to our now received knowledge was incorrect, his plan to cure the anal spasm, and thereby cure the disease, still holds good; for whatever remedy or operation relieves the dreadful pain helps greatly the cure. We speak of both anal fissure and ulcer.

In the first place, after having made our diagnosis, we must insist that careful attention to cleanliness in this as well as all other affections of the rectum is of the greatest importance, and thorough cleansing with juniper-tar soap and water, night and morning, must be positively insisted on. We make this emphatic, and beg pardon for the mention of it, believing, as we do, that the importance of this precaution is very often overlooked by the physician and his patients.

In regard to medical treatment, there is no doubt but what these affections are amenable to treatment assisted by proper local means; especially is this true in the first stage, or until they have assumed the chronic stage, when, in my opinion, the majority of cases will then have to undergo operation.

The remedies most suitable for these affections are: Ignat., Nitric ac., Bell., Aloes, Æsculus hipp.

Ignatia.—Where there is anal spasm, defecation is not very painful; neither are the stools hard. The characteristic twitching of this remedy may be found in different parts of the body, but if not, will not contraindicate the remedy. After defecation the patient has from a few moments to an hour of comparative ease, when the intense agony

caused by the irritable sphincter commences. We would recommend that Ignat. 6th, be given internally, and at the same time a watery solution (1st) of the remedy be applied internally (locally), by means of a small speculum, immediately after defecation, and before the anal spasm sets in. In this manner the remedy can be used, and if the pains grow less the medicine to be given in proportion.

Belladonna 6th.—When there is a continual sense of fulness about the rectum, not a desire to pass stool, but a disagreeable sensation as if the bowels were not thoroughly emptied; this pressure commences immediately after stool, and is sometimes accompanied by anal spasm. There is also, on examination, an appearance of fulness around the anus which seems pressed out.

Aloes.—Heat, soreness, and *heaviness* in the rectum; worse at night; desire to have an evacuation, relieved by passing hot flatus.

Nitric acid, Æsculus hippocastanum, and Ratanhia are likewise important remedies.

When in consequence of our remedies having failed, and the patient's condition becoming more distressing, a resort to local treatment seems to be imperative. In the ulcer with raised edges, discharge of pus and blood, connected with an enfeebled constitution, in which the vital powers seem to be depressed, the more active remedies should be used to revive the feeble circulation of the part and to hasten healthy granulation.

We may mention as applications, Nitric acid, 1st dilution; Argent nit., 15 grs. to aqua ʒi; Hamamelis in its purity; Carbolic acid and Glycerin, 1 to 10; Acid nitrate of mercury, and others; taking care that they be applied in such a manner that the healthy tissues are left undisturbed. The application is made with a sponge or piece of wood, according to the preparation used. When the treatment has thus been commenced, no unnecessary delay should be made until the patient is made better, or a resort to other measures becomes necessary. The first application, if done in a thorough manner, is the most painful, after which the suffering is less; so that the application may be omitted when the sufferings during defecation are less painful, and simply cleansing the parts with the indicated remedy will complete the cure. It would be a pleasure for us to stop here and say all cases can be cured without an operation, but, from the history of many unfortunates, we are led to believe that either owing to our not having prescribed the proper remedy, or because the ulcer or fissure has become so hardened, or the circulation so sluggish, we are compelled to resort to some of the operations to relieve our patient of his intense agony, by producing for a time complete rest of the sphincters. This is the object of this *dernier ressort*, and, when this is accomplished, the pain is removed and the ulcer or fissure has time to take on a healthy action, and is not continually disturbed by the never-ceasing dilatation and contraction of the sphincter.

It seems that the first prominent and successful operator on these affections was Boyer, whose plan, now almost obsolete, was to make a complete division of the sphincter, thus securing complete rest of the part, and the healing process was accomplished in part by granulation.

The plan of operating was as follows.

"I place the patient," says Boyer, "upon his side, as in the operation for anal fistula. I then introduce the forefinger of my left hand, smeared with cerate, into the rectum, and upon it slip up a bistoury laid flat, of which the very narrow blade is square, and with a rounded tip. The cutting edge is directed right or left, according to the situation of the fissure, and I divide, at a single stroke, the intestinal membrane, the sphincter, cellular tissue, and tegument. I thus form a triangular wound

of which the top corresponds to the gut and the bottom to the skin. It is sometimes necessary to lengthen the wound, and I then make a second cut. If the constriction be very great I make two cuts, one on the right and the other on the left, and when the fissure is before or behind I do not include it in the wound. A large bougie is then to be introduced into the wound or into the two wounds, to prevent their edges uniting irregularly. A slight plugging with lint is then made, some pads applied, and the whole supported by a bandage." This operation was greatly modified by Mr. Copeland, who, instead of cutting through the sphincter, merely drew his knife down the centre of the fissure or ulcer, thus cutting some fibres of the muscles, which was all-sufficient to relieve the anal spasm. It is performed by some without the speculum. Syme proposed that the speculum be used, the fissure or ulcer exposed, and the cut made in the manner indicated.

This is one of the most favorite methods practiced at the present time, and one, it would seem, possessing value above all others on account of easy execution and its freedom from danger, for, as Allingham says, in the old operation of Boyer there occasionally occurred cases where there followed loss of the sphincter,—a most lamentable result. In this operation that danger is obviated. Dupuytren, advising the use of graduated bougies for the majority of cases, was followed by those who practiced dilatation.

Among the first is noticed Maisonneuve, who proposed a most barbarous method. It was by introducing the hand into the rectum, then clenching the fingers and withdrawing, thus forcibly dilating the sphincter. It is needless to say that this operation was soon discarded. Another in its place was proposed by Ambrose Paré, Recamier, and others, which has for its ultimate object the forcible dilatation of the sphincter, or, as Franklin says, "bursting the fissure."

This operation has met with great approval and is ably advocated by Van Buren, of New York. The results, according to him, are entirely satisfactory, free from danger, and the patient is free from the idea of having an operation performed. Objections are very properly made by some surgeons that occasionally, in consequence of extravasated blood, small abscesses form. Van Buren acknowledges that such is the fact, but says they never result in injury. The operation was thus performed by Nélaton, many years ago: The patient being conveniently placed, the two thumbs are introduced into the anus, and the tuberosities of the ischium serving as *points d'appui* for the fingers, they are separated until they come in contact with the internal face of the tuberosities. A resistance is felt, when suddenly there is a feeling of an internal rupture, and the two thumbs touch the bones. This is sufficient. There is no dressing necessary. When the patient recovers from the effect of the anæsthetic he has some pains, at times quite sharp, but it is not like the kind of pain he felt before, it is of a different character; when this pain is over, the patient does not suffer any more. It is sufficient during the first few days to administer enemata to facilitate the stools, and at the end of a week the patient can attend to all his occupations.

The galvano-cautery and the potential cautery are claimed by those who have used such means, to be entirely satisfactory. The fissure or ulcer is treated by passing the red-hot knife along the fissure, making an eschar, which heals in a few days.

It must not be supposed that the cure is complete when these operations are performed. They only relieve the patient for a time, and the affection will return unless strict attention is paid to the constitutional symptoms, and with the aid of remedies, remove all causes which may give rise to these troublesome affections.

DEPARTMENT

OF

CLIMATOLOGY AND HYGIENE.

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1877.

PENNSYLVANIA HEALTH RESORTS—THEIR CLIMATE, ETC.

BY BUSHROD W. JAMES, M.D., PHILADELPHIA.

In general all health resorts may be divided into: 1. Summer, and 2. Winter. There may be a few, however, that obtain the appellation of perennial resorts. Those of Pennsylvania all belong to the first named, and so beautiful are the hills, valleys, mountains, and rolling lands, that the State might for the summer be considered a resort of health in itself, and healthy spots chosen in every county.

This division we will consider under the following heads: Mountains, Valleys, Mineral Springs, Rural or Farm Resorts, and Sportsmen's Resorts.

The principal MOUNTAIN localities sought after by those in ill health, are:

Cresson.—Situated on the western slope near the top of the Allegheny Mountains, on the Pennsylvania Railroad; two thousand feet above low tide, it is at present a popular resort. The accommodations are excellent, the surroundings attractive, and the atmosphere deliciously cool and pure.

Several springs of medicinal waters flow from the mountain in the vicinity, and pleasant drives lead away through the almost unbroken forests, where the laurel abounds. The mineral waters are not to be partaken of by homœopathic adherents, for the healthy do not need any drink with minerals or drugs in it, and the sick should not use any medicine except such as is indicated on the homœopathic principle.

Delaware Water Gap.—Delaware Water Gap, Monroe County, is in the Blue Ridge Range of mountains; its channel is cut through precipices which rise more than a thousand feet above the waters of the Delaware River, often overhanging them in frowning cliffs, ready, apparently, to fall and stop again the river's course to the ocean. The natural beauties of this locality have for many years attracted crowds of summer visitors, and superior accommodations have been provided for them. It possesses many natural curiosities, consisting of beautiful cascades and waterfalls, caves, glens, and frowning chasms. These are all easy of access, without danger, and are well worth visiting. The river affords excellent boating and fishing. The climate is balmy and cool in the summer, and has a reputation for the cure of hay fever patients, especially in the high hills near Stroudsburg, a few miles north of the hotels of the Gap.

Kane.—This pleasant *mountain* resort on the Allegheny Range is located on the highest point over which the Philadelphia and Erie Railroad crosses, and is in McKean County. Its elevation of more than two thousand feet above tide, combined with the dense hemlock and pine forest surroundings, give it an atmosphere of great healthfulness. It is

claimed to be very beneficial in cases of asthma, hay fever, and other diseases of the respiratory organs.

"The country adjacent is noted for the production of milk, butter, and cheese. The manufacture of the latter is carried on quite extensively. Game, mountain trout, and the luscious fruits of the forest abound in great quantities." Deer, rabbits, and pheasants are frequently seen. Sulphur and iron springs are found near the hotels, and throughout all of this region limpid streams and pools are found, and these are filled with speckled trout.

"Thompson House," at this station, is a large hotel, well furnished, and possesses all the comforts of the mountain summer resorts.

Mount Pisgah.—Mount Pisgah and Mauch Chunk are on the Lehigh River, in Carbon County. Mount Pisgah is a great centre of anthracite coal operations, which was discovered by a hunter, in 1791, fifteen years before the region was settled Mining operations commenced in 1812, but did not prove successful till 1820, when the Lehigh Navigation and the Lehigh Coal Companies began to thoroughly develop the country. Since then it has progressed rapidly and is noted for its productiveness.

The "Switchback Railroad," over Mount Pisgah, Glen Onoko, and many other attractions existing in the region, render it an interesting and pleasant resort, and the climate has no reputation for any one class of invalids except those who are enervated, and require country air and rest.

Some of the residents of Mauch Chunk seek the seashore for recuperation and invigoration.

Bellefonte.—Bellefonte is on the Bald Eagle Valley Railroad, the county town of Centre County. It possesses beautiful mountain scenery, and the country surrounding it is very highly improved. The town takes its name from a magnificent spring which supplies it with water. Mineral springs also exist, said to possess remedial properties. Its picturesque locality and health-giving atmosphere are its principal attractions.

Ebensburg.—Ebensburg, the county seat of Cambria County, on the western side of the Alleghenies, eleven miles west of Cresson. It is situated near the mountain summit, the sun setting below the level of the observer.

Dense forests of hemlock, beech, and other varieties of American mountain woods are easy of access in all directions, affording delightful drives, bringing into view charming scenery. Ferns and laurels abound, nourished to perfection by the waters issuing from the gigantic mountain. Its elevation gives it a delightfully cool and bracing atmosphere, which is invigorating to the system.

Many families resort here early in the season and remain till frost comes. The accommodations are good.

The Welsh element prevails to a large extent.

Wopsononoc Mountain —"Wopsononoc," an Allegheny Mountain spur, on its eastern slope, in Blair County, is about eight miles from Altoona. It is accessible by wheeled vehicles, from which probably the wildest perspective view in Pennsylvania is obtained, embracing the valley of the Juniata as far as the eye can reach. This would make a most admirable resort, both on account of the invigorating climate, as well as the pleasure to the eye it would afford.

Pokono Mountain.—Pokono Mountain is from seven to ten miles distant from the Blue Mountains, running parallel to it, and is the second in range; it is very broken and irregular. It was formerly a health resort, but now affords entertainment for hunters and sportsmen only.

VALLEY RESORTS.

The width of the valley, the character of its soil, the direction in which it extends, the circumstances as to its being overtopped by tall mountains, or simply by ridges of low hills, all make a great difference in its climatic importance. For instance, the nature of the soil influences the vegetation therein, and this to a certain degree has a decided bearing upon the climate. If it has a sandy soil, that is, one that contains about 90 per cent. of sand, the land will be dry, and the trees and shrubbery will be of a more dwarf-like character than that of a clayey soil, in which alumina abounds, and only from 15 to 30 per cent. of fine sand is mingled. Here some moisture is retained, and it will give rise to much more luxuriant growths than the sandy or sandy-loam soils. In the latter the sand is only 60 per cent. The pure clay soil, in which we see little or no sand, but which contains silica 60 parts, and alumina 30 or 40 parts, would prevent the water from readily soaking through it, and hence we would be likely to have a more damp region, not as healthy to reside upon as the sandy soil.

Then again these soils influence the kind of vegetation growing from them by the addition of various other substances which combine or mingle with the earth itself, such as lime, soda, potash, chlorine, sulphur, phosphoric acid, etc., as well as organic substances, which arise chemically from animal and vegetable decomposition upon the soil; and as different kinds of vegetation appropriate different amounts of these agents, some taking up but few and others nearly all, it is easily seen how the vegetation of any one valley as well as the soil-depending part of climate may vary from that of any other valley, although not many miles distant from each other.

The limestone valleys, or those in which lime enters largely in the soil, such as may be found through Bucks, Berks, Chester, Lancaster, Montgomery, Adams, York, and Dauphin counties, are the best for producing the cereals, and the fresh-water springs and river creeks are not so numerous as in the sandy or the loam-covered valleys. The drinking water is more or less impregnated with lime, and called "hard water," unfit for use by certain temperaments and constitutions.

Independent of this fact, these valleys are usually very healthy in the summer season, although warm as a general rule, and are adapted to such cases as do not suffer greatly from hot weather and sunshine.

They are not particularly adapted for very corpulent people or those who are subject to diarrhœal diseases. However, some of the valleys, or portions of them, are comparatively free from the carbonate-of-lime water objection; while other portions again have in them tracts of land where the soil is clay, and on account of the superabundance of water being retained, and their heavy condition, or the geological detriment with a presence of a rocky outcrop of a hard dark-blue or brown rock in place of the soft red sand-rock, or red shale formation which underlies the most productive land areas in these beautiful valleys of our State.

Then again many valleys in the bituminous coal regions have the most barren surroundings. They are wild and sterile, offering no inducement either for the farmer to locate upon or the health-seeker to visit. Pleasure-seekers pass through them after fish or game, and mineralogists and coal mine seekers wander through them and over the mountains that inclose them, in search of veins of that valuable commodity, coal; or probably petroleum, as occurred a few years ago in the barren Oil Creek Valley, which now abounds in millions of wealth, the result of delving after subterranean oils.

Many circumstances therefore are seen to enter into the selection of a good valley health resort in our State, but these all have to be weighed by the judicious physician whose advice is sought in the matter of selecting the most suitable summer residence for any of his clientièle who may not be able to withstand the heat and impurities of the city in which they live.

So numerous are these valleys that we can refer to but a very limited selection from them.

The principal valleys are Chester, Lancaster, Lehigh, Cumberland, Allegheny and Oil Creek, Susquehanna, Juniata, Schuylkill, Delaware River Valley, Renovo, Stroudsburg, Trout Run, Wyoming, Wild Cat.

Chester Valley.—The valleys of Chester County are generally very rich. The Great Valley, running southwest from the river Schuylkill, and crossed by the Pennsylvania Railroad to Columbia, is not exceeded in point of fertility of soil and profitable cultivation by any spot of equal extent in the United States.

MINERAL SPRING RESORTS.

The mineral springs of our State are resorted to principally by people who have imbibed the old-school notions of administering compound prescriptions in cathartics for the ills of humanity, in contradiction to our mode of giving one remedy at a time and that, *not a mixture.*

To our minds the compounds manufactured in the crust of the earth by natural agency are as deleterious to the human system, as a general rule, as are those which are in every-day use by unscientific prescribers who oppose our law of cure, our administration of the single remedy, and our provings of such remedy upon the healthy body before they are admitted into the Materia Medica for administration upon the sick.

Many invalids have become habituated to the custom of prescribing for themselves by allowing any old grandmother, or any one ignorant of medical points to suggest and order for their use the vilest agents that humanity can conceive; intimating to them that they know it will do you good because it cured somebody else who had the same complaint you have. "It won't do you any harm anyhow."

Prescriptions of old-school physicians are duplicated constantly, and hawked about the community until they become like rancid fish to anybody and everybody willing to serve them. This is a burning discredit and dishonor to the prescriber and prescription-giver.

A disgrace and a crime on the part of a druggist is to allow the same to be repeated, or a copy to go from his possession without the written authority each time from the physician himself.

Thousands and thousands of the community are daily (probably unconsciously) entailing suffering and misery upon their own bodies by this hapless drug-drinking and eating; and other thousands are ruined in mind and body through the indorsement of Opium prescriptions in some shape or form by the physician to lull pain without really curing the disease, but using unruly palliatives.

No one is more responsible than the guilty doctor who leads them into the snare and temptation by his prescribing the agents in lies informing them what it is and the druggist who is dealing out the same as he often does on his own responsibility.

Let me here say while on this subject, that the medical profession of the old school are causing more discredit, censure, and loss of confidence in the practice of medicine by such proceedings and in recommending mineral spring-water than by any other mode that could be thought of or devised.

It may be the mission of our school and undoubtedly is, to awaken the laity, and enlighten them upon this important subject, and depict to them the horrors and miseries which they are entailing upon themselves, and which they are likely to transmit to their progeny.

The laity have already lost confidence in the prescriptions of the medical profession; and we all know with what degree of caution and suspicion those unacquainted with homœopathy undertake its adoption and the use of its remedies, owing to this lax training of the "regulars," as they like to be called.

Why should any druggist become an Opium peddler or water vender to deal out these mixtures which are doing quite as much damage as rum-drinking in causing human suffering? Only they do not intoxicate and entail murder and all the train of crimes that follow intoxication.

For a homœopathic physician to tell his patient to go to Bedford, Minnequa, or the Gettysburg spring and drink these waters for any ailment that he does not know how to prescribe his remedies for, is equivalent to an abandonment of his science of homœopathy and a positive proof that he does not know how to prescribe for his case.

If localities are selected for their climatic influence upon the constitution of the patient, that is all well and good enough; and if the neighborhood of any of these mineral springs happened to be the most suitable and beneficial for the patient, he or she must be cautioned strictly against their use, because they are usually powerful medicinal drugs held in solution or commingled with the water, and while acting on one organ or portion of the body, as diuretic, aperient, or alterative, etc., may be, doing a vast amount of damage to some of the delicate structures of the human frame.

Gettysburg Spring.—Gettysburg is in Adams County, about seven miles north of Maryland.

The Katalysine Spring is situated about a mile and a half west of Gettysburg, in a pleasant valley from which the South and Catoctin Mountains are visible. The value of the water was long known to the inhabitants, but has only been brought to notice since the contest around it made it locally famous.

The analysis is as follows:

Bicarbonate of soda and lithia combined, . .	46.05 grains.
Bicarbonate of potash, ...	trace.
Bicarbonate of magnesia, ...	76.05 grains.
Bicarbonate of iron, ...	trace.
Bicarbonate of lime, ...	81.00 grains.
Sulphate of lime, ...	53.20 "
Chlorides, ...	trace.
Phosphates, ...	trace.
Silica, ...	10.00 grains.

Total, 266.30 grains in one imperial gallon of water.

Minnequa Spring.—Minnequa, in Bradford County, Pennsylvania, is not really a town but a hotel. It is situated in one of the great mountain ranges at the spring of this name, at a considerable distance above low tide, and is free from some of the local detractions of our great watering-places, but not the bustle, noise and gayety of ordinary summer hotel life. The rolling country is conducive to healthy exercise, the surroundings pleasant. The invalid without expending much energy can enjoy the benefits of light and air in the groves. The climate is a little cooler than

that at Bedford and Gettysburg, but as the water is used on the hotel tables it is not always proper for every patient to go there, as they might be injured by drinking the water unawares, if they were susceptible to its pathological action.

The water contains as determined by analysis:

Calcium,	0.994
Magnesium,	0.207
Sodium,	0.722
Lithium,	trace.
Aluminum,	0.127
Iron,	trace.
Manganese,	0.226
Chlorine,	0.140
Silica,	0.700
Zinc,	0.028
Carbolic acid,	2.053
Boracic acid,	2.132
Oxygen (with Silicates),	0.138

The Black Barren Spring.—The Black Barren Spring is located in the southern part of Pennsylvania, one mile northeast of the Susquehanna River.

It is an elevated country, free from endemic diseases. It is alike attractive to the invalid as well as to the overworked citizen, it being a healthful resort, and also possessing facilities for sport and recreation.

It is easy of access by the Philadelphia and Baltimore Central Railroad, enabling the business man to enjoy its retirement, knowing that he is not too remote to be reached if needed at home.

The water has so little taste and odor as hardly to be recognized as a mineral water, and it cannot be transported in casks, as the fibre becomes disintegrated and fills the water with sediment; the action on organic matter keeps the water always pure, so that if exposed to the air, it does not putrefy or undergo appreciable change.

The mineral constituents of the water as determined by analysis are mainly sulphate of the alkalies, and alkaline earths; it contains Silicic acid, Sulphuric acid, Sulphate of magnesia, Iodine, and Carbonic acid gas. The aggregate amount of Sulphuric acid is nearly one-half in weight, yet it does not impart the taste of sourness.

The climate of the locality does not differ materially from that of the Lancaster Valley, and has no special indication in itself to call visitors or invalids hither.

Doubling Gap White Sulphur Springs.—These springs are situated in a gap formed by the doubling of the Kittatinny Mountains, about thirty miles southwest of Harrisburg, seven miles from Newville, in the great Cumberland Valley, one of the most beautiful and extensive valleys in the United States.

The waters flow from two springs, one sulphurous, the other chalybeate, contain valuable remedial properties, recommended by medical authorities for various diseases. They are frequented by many visitors and are quite popular.

The air is remarkably pure, and the adjacent mountains, noted for their picturesque beauty, present many charms, aside from the healing qualities of the water. This entire region is one of great natural beauty and historic interest.

The climate is not enervating, but we do not approve of the indiscriminate use of sulphur or chalybeate.

THE RURAL OR FARM RESORTS.

In every large city there are many families with children that require a change always in the summer season from the confined and unhealthy atmosphere of their homes, who cannot go to the watering-places, where the board is extravagant and the surroundings are all of a strictly fashionable character. These have to select farm boarding-houses or else rural residences that they can rent during the hot months.

These are to be found in abundance all around the larger cities and towns in our Commonwealth.

The fare is plain, wholesome and digestible, and the children have ample room to roam about over the fields and lawns in the full enjoyment of life, such as their exuberant spirits naturally prompt them to indulge in; and in conjunction with the pure air which they are all the time breathing, this freedom of life and cheerfulness and the nutritious hardy diet which they obtain saves many a life, and sends back to the city in the fall a plump, vigorous, and recuperated set of children, to compare with the sickly and fanciful city diversions that have missed all these sources of enjoyment and health.

The resorts are so numerous that a selection of a proper site is the most desirable requisite on the part of health-seekers, or we might say health-preservers, for many take their children away to such places to save them from summer sickness incidental to city life. The parents, or even families without grown-up children, many of them, seek this kind of quiet life with the same end in view. To select a proper location, or residence, or farm-house is not one of the easiest tasks that one can set about performing; however, as nearly as possible, the following points should be looked after in the matter.

1st. It should not be in a malarial district or in the neighborhood of swamps, meadows, or low muddy streams, on whose banks are left slime by reason of the fall of the tide; nor should it be a location where the tide brings in floating offensive matter when it rises; in fact, it had better be away entirely from streams where the tide comes in.

2d. A house located on an elevation is preferable to one directly in the bottom of the valley.

3d. It is best to have a moderate amount of shady surroundings, although these are not absolutely essential. The shade should not be too dense, so that the rooms of the house are made damp and gloomy and unhealthy on that account.

There should be a good exposure, so that currents of air can pass through the sleeping-rooms freely, and the house should be so constructed as to allow of ventilation over the door and through the window, otherwise one might as well undertake to sleep in a warmed oven as a farmhouse having no ventilation.

4th. It ought not to be located in a limestone region, or at least the drinking-water should not be impregnated with lime or any other ingredient.

5th. Dietary. The parties with whom the boarding is to be selected ought to be of cheerful dispositions; persons accustomed to good cooking, and the proper preparation and selection of their food.

Moroseness and ill-tempered dispositions and bad cooking would send a family home in a much worse condition than when they left.

Renovo Resort.—Renovo, pleasantly situated in a little oval valley, formed by a separation of mountain ranges, which extend more than one thousand feet in height; the west branch of the Susquehanna River passes through it.

The workshops of the Philadelphia and Erie Railroad Company are located here.

It has grown in a space of nine years from an isolated farm into a town of more than two thousand inhabitants.

Its scenery is picturesque and grand. Renovo lies almost in the heart of the great pine forests of Pennsylvania. Here the sportsman can be entertained both by the gun and the rod.

The hotel, owned by the railroad company, is large, and affords excellent accommodations

Ralston.—Ralston is twenty-four miles above Williamsport, on Lycoming Creek. The adjacent forests abound in deer and other large and small game. The mountain rivulets are well stocked with that choicest of fresh-water fish, "mountain trout." It is a well-known resort for hunters and fishermen. The hotel accommodations are extensive and good.

Stroudsburg.—Stroudsburg is the county seat of Monroe County. It is situated in the Delaware Valley on Broadhead's Creek, four miles from the river, and the same distance from the Water Gap.

It is a flourishing town, and possesses excellent accommodations in the way of hotels and boarding-houses.

It possesses great railroad facilities, making it easy of access from all of our leading cities.

It has a salubrious atmosphere and pure water, the surrounding country possessing great natural beauty.

The most attractive portions of the Delaware, Lehigh, Lackawanna, and Susquehanna valleys are easily reached by rail, making it, in all respects, a desirable resort for pleasure-seekers and overtaxed mental-workers.

Trout Run.—Trout Run, on Lycoming Creek, fourteen miles from Williamsport. The surrounding country is rugged and densely wooded, intersected by numerous pure mountain streams. Game is plentiful, affording excellent facilities for sportsmen.

The Valley Resorts.

The principal valleys are:

Chester.
Lancaster.
Conemaugh.
Lehigh.
Cumberland.
Allegheny.
Susquehanna.
Juniata.
Schuylkill.
Delaware River Valley.
Valleys of Allegheny Mountains
Lotto Altoona.
Ralston.
Renovo.
Stroudsburg.
Trout Run.
Wild Cat.
Wyoming.

Mineral Springs.

The principal mineral springs are:

Minnequa, Bradford County.
Bedford, Bedford County.
York Sulphur, Adams County.
Gettysburg, Adams County.
Black Barren, Lancaster County.
Yellow Springs, Huntingdon County.
Ephrata, Lancaster County.
Warm Springs, Huntingdon County.
Doubling Gap, Cumberland Valley.
Mount Holly, Cumberland Valley.
Yellow Springs, Chester Valley.
Saltilo.
Litiz Spring.

Sportsmen's Resorts.

The forests are numerous throughout the State, and many of them up among the mountains and mountain notches, and ravines, abounding in wild game, afford a good hunting ground for those overburdened mental workers and merchants who have the muscular ability to indulge in hunting, angling, and camping out; many cases of those who seek advice of the physician, in the professions and in mercantile life of all large cities, need such recreation.

Probably no State equals Pennsylvania in the variety of its landscape changes for these kind of roaming-places for those who need a pioneering recreation and outdoor summer life, together with freedom from mental strain and activity; and who must do something that will beguile their thoughts and energies and give them some physical exercise. Trout fishing abounds in thousands of streams all over the State, camping out is good on almost every settled hillside, general quietness, idleness, and rest can be found in a multitude of the "nooks and corners" of our State, from mountain top to sequestered glen. We can notice but very few of such spots, and they are in the section of valley resorts. It is really better for such invalids to hunt up these places themselves, as it diverts their attention in so doing, and aids in resting the wearied mental faculties that have so long plodded in the same channel of this every-day toil. Any medical man can form his own judgment respecting merits of each spot, and in selecting a site for any one; no bias on the part of interested rural residents should be permitted to exert the least influence over him in making a selection.

1877.

CLIMATOLOGY, EPIDEMICS, ETC., OF ADAMS COUNTY.

BY J. H. MARSDEN, M.D., YORK SULPHUR SPRINGS.

The county of Adams was formerly a portion of York, from which it was divided, and organized in the year 1800. It is bounded on the north by Cumberland, on the northeast and east by York, on the south by the famous Mason and Dixon's line, which separated it from the State of Maryland, and on the west by Franklin County, Pennsylvania. The fortieth parallel of north latitude passes over the northern part of the county. Its northern boundary extends for miles along the southern or southeastern slope of the South Mountain. The northwestern and western portions of the county are broken and hilly, the southern and southeastern generally level and gently undulating.

The geological formation varies very considerably in different portions of the county. While the surface-rock prevailing in many parts is the red shale, we find a vein of granite traversing the northern part of the county, by way of Heidlersburg, Chestnut Hill, etc., and another, the southern, near to Gettysburg, and forming the now famous Great and Little Round Top, important localities in the fearful struggle of July,

1863. The rugged rocks of the former afforded our troops, at that memorable epoch, an almost impregnable defence. The summit-level or water-shed, between the Susquehanna and Potomac rivers, traverses this county between the Great Conowago Creek and Rock Creek, in the vicinity of Gettysburg. The former is a tributary of the Susquehanna, the latter of the Potomac.

Adams County being one of the southern tier of counties, perhaps differs but little in climate or meteorological phenomena, from southern Pennsylvania generally, unless we may suppose its nearer approximation to the mountains than that of some of the others, may influence its winds, its temperature, and its rainfall. Indeed, with little exception, it may be said of its climate, what Dr. Rush is reported to have said of the climate of Pennsylvania generally, that it lacks all characteristics, excepting that of having no characteristic at all.

Perhaps the feature most noticeable in the climatology of this county, is its remarkable liability to summer droughts. These have been more prevalent and severe, it seems to me, within the last few years, than at a more remote period. Not long ago, there was no satisfactory rain for upwards of a year. Wells very generally failed, and springs issuing from the base of the mountain, usually yielding copious streams of the most excellent water, became dry, or nearly so. The rains generally, which fall in the summer, are very partial or unequal. There is a space of surface extending from a line a little south of York Springs, southward, varying in width from five to ten miles, and in length from eight to twelve, which seems to be peculiarly liable to severe drought. Last summer (1876) this was experienced in a remarkable degree, and at the present moment, September 5th, 1877, this calamity is again being felt, but within the last five weeks the desiccated region has very considerably enlarged. At the place where I write there has been no satisfactory rain since last May. The fields have the most arid appearance, and there is scarcely grass to sustain the lives of grazing animals. Early in the autumn of last year, the rains upon the north and south gradually approached each other, narrowing the arid district, till after the usual season of vegetable growth, they fell in greater amount than the interests of the husbandman demanded.

Of late years we seldom here enjoy what is usually called a settled rain during the summer. Our supply depends upon clouds first appearing over the top of the South Mountain. Those occupying a position due west, unless dispersed by winds, usually move in a direction to pass over us. Too often, however, the small store of moisture they contain is precipitated upon the higher regions of the county lying along the brow of the mountain, and is exhausted before it reaches the lower and more needy portions. Hence, that part of the county lying along the foot of the mountain is usually the most fertile, not so much on account of difference of soil, as because its rain supply is more regular and abundant.

When clouds first appear a little to the south of west they almost invariably pass round in a southerly direction, precipitation taking place either over the extreme southern portion of this county, or the northern portion of the State of Maryland, contiguous to it. Again, when they rise north of west, they as certainly are borne around to the north of us, falling in the South Mountain and Cumberland Valley, upon the other side. When such clouds rise simultaneously, as they often do, after passing by Adams County north and south, they not unfrequently seem to coalesce, by lateral extension, over the lower part of the county of York, and in the region of the Susquehanna River, where an abundant rain is often the result. I have never been able to trace out minutely the

cause or causes to which the above phenomenon may be due. It is, however, doubtless owing to aerial currents influenced by the mountains.

The winds of Adams County are generally from the northwest and southwest, less frequently northeast or south or southeast, although these latter sometimes occur, but are mostly of shorter continuance than the former. The month of March here, as I presume elsewhere, is usually characterized as the stormy month. I have known northwest winds, of great velocity, to blow almost continuously, night and day, throughout its whole course. These most commonly subside gradually, towards the close of the month, but not unfrequently continue, with somewhat diminished violence, through a considerable part of April. Violent tornadoes are not uncommon during the later spring and early summer months. Great damage to buildings, timber, fruit trees, and fencing, is sometimes the result. These tornadoes are not unfrequently accompanied by hail, adding greatly to their destructiveness.

Diseases and Epidemics.—The climate of Adams County is decidedly healthy. The upper part extending along the mountain slope, from the pure and delightful quality of its water, the varied beauty of its scenery, and the bracing character of its atmosphere, would afford an unsurpassed summer resort for the invalids suffering from exhausted vital functions, so commonly the result of a residence in crowded cities, and the overtaxing of body and mind in business pursuits. The York Sulphur Springs has long been a favorite place of quiet repose to those wishing to enjoy the advantages of a country retreat during the heat of summer. Its peculiar locality has contributed more to its notoriety in times past, than the medical qualities of its waters; which may, nevertheless, be very useful in cases to which they are suited. The scenery of the surrounding country, though lacking those features which constitutes the sublime, possesses that simple beauty which always pleases the stranger of refined taste. I remember when, many years ago, I was casually introduced to Dr. Gibson, the once eminent Professor of Surgery in the University of Pennsylvania, he spontaneously recalled and spoke of the beauty of this region, although that gentleman had travelled extensively in Europe.

To name the diseases we most frequently encounter in sporadic form in summer: we have diarrhœa, more especially among children; dysentery, cholera morbus, occasionally, though much less frequently now than formerly; and the various derangements of the hepatic functions, with their consequences, dependent upon high atmospheric temperature.

In the winter we have neuralgias, often intermittent, rheumatism, acute bronchial affections, pneumonia, etc. Neuroses of the sympathetic system seem to be rather common. These manifest themselves in the functional derangement of the heart, pain in the abdominal region, often of a spasmodic character, tenesmus of the bladder and rectum, etc. Cases now and then occur of well-marked cerebro-spinal inflammation, though never here, as yet, decidedly as an epidemic These cases generally prove fatal in the hands of allopathic practitioners. The so-called puerperal fever has several times appeared in the neighborhood of Bendersville, a village at the foot of the South Mountain, but never, so far as I know, prevailing in anything like an extended epidemic form. The patients attacked and treated allopathically are generally lost. When one case has occurred in that neighborhood, a few others usually follow, whether from some diffused morbific agents or communicated by the hands of the physician, I am unable to say, but surmise the latter.

Epidemics in this county have not been of frequent occurrence, but there have been several within my recollection or knowledge worthy of

note. We have no canals or sluggish streams, depositing animal and vegetable debris, so fruitful in the production of remittent and intermittent fevers—these two probably only different degrees of the same morbid process. Our creeks, for we have nothing deserving the name of river, are usually formed by the confluence of small rivulets, issuing from springs along the mountain slope; the water clear as crystal. Having very considerable fall in their course, they flow in rapid currents over pebbly beds and deposit but little sediment, that could, under any ordinary circumstances, serve as foyers of disease. But notwithstanding the correctness of this statement, it is said that in the year 1804, intermittent extensively prevailed, principally along what is called the Great Conowago Creek, a tributary, as before said, of the Susquehanna. I regret I am unable to state with certainty the concomitant condition of the season, but I am under the impression it was said to be unusually wet. This seems probable, if the statement of the papers of this present week be correct, in which it is said that the Susquehanna River has not been so low as at present since the year 1803. If the last-named year was unusually dry, the probability is that the year succeeding it was unusually wet—a succession very common.

The above is the only epidemic of intermittent occurring within the limits of this county of which I have any knowledge, unless we regard as such a few cases along the stream above named in the year 1855; an unusually wet season. A singular feature of this little endemic was, that I met with several cases along the dry granite ridge passing near Heidlersburg, and two miles distant from the above-named stream, along which, opposite to this place, no cases of the disease were met with. I questioned these patients closely, whether they had been temporarily from home, but was uniformly answered in the negative.

I have frequently treated cases of intermittent, but almost none of them have originated here. They are often those of men who have been occupied in some employment near the Susquehanna during summer, and perhaps escaping an attack there, become the subjects of it, it may be even months after they have left the malarious district. Another more numerous, if not more interesting class of patients, has been that of young men, who have made a pilgrimage to the shrine of mammon in the West, failed to fill their pockets with money, but not so their blood with the poison of intermittent, if nothing worse, returned, disheartened and having nothing to pay, got their medicine upon some swindling pretext, regained their health, but, I presume, lost their memories, as they seldom or never found their way back.

The most remarkable epidemic that has ever visited this county within the memory of any one living, occurred in the summer of 1822. A dysentery of great fatality among children set in early in the month of June. Some families by it lost nearly all their children. As the season advanced, the type of the disease changed, and adults rather than children became its subjects. It was said it assumed the form of intermittent fever, an opinion probably incorrect, inasmuch as this whole region is generally entirely exempt from that disease, and no climatic feature of that season seemed likely to produce it. Be that as it may, the mortality everywhere was great. In one burial-ground in Gettysburg, then a village of twelve or fifteen hundred inhabitants, there were said to have been seven interments on one day, some of which, however, came from the surrounding country. An extreme drouth prevailed throughout the summer; the Conowago Creek, the largest stream in the county, was so dried up that at fordings it could be crossed on foot without wetting the soles of the boots. Indeed, it contained no water except here

and there in stagnant pools, which was very offensive from the putrefaction of animal and vegetable matter. It should be remarked, however, that the sickness did not specially prevail along this stream.

As an instance of the many heartrending incidents of that fatal season, and illustrative of the all-pervading form of this morbific poison, I hope I shall be pardoned for introducing the following episodes. A young lady from Philadelphia came to spend some days with her friend, the wife of a distinguished clergyman, who then owned and resided upon the property known as the Katalysine Springs of Gettysburg. During the prevalence of the sickness, she left to return home in the stage-coach, but was taken ill at York and obliged to stop. The clergyman, hearing of this, immediately proceeded to that place to see after her welfare; while at York he was also taken sick, where he lay for several weeks, mostly in a state of delirium and extreme prostration. Shortly after his attack, his wife, a lovely and universally respected lady, was taken sick at home, and without the possibility of communication with her husband. She died while he was still too delirious to be made acquainted with the circumstance, and it is said that it was not till he was in sight of his house on his return home that he was informed of his irreparable loss.

At the time of this fatal epidemic, the leading physicians of Adams County were talented and highly educated men. Whatever want of success therefore attended their efforts must have been owing either to the intractable nature of the disease or to the imperfection of their system of practice. The latter, no doubt, was not only miserably defective, but injurious in the extreme, at least in many instances. Emetics, Calomel, and the lancet were then at the summit of their glory,—a culmination from which they have greatly declined, and which it is most fervently hoped they never again will reach.

Typhoid fever has at several times prevailed to a considerable extent in this county. About the year 1813 it was very fatal, selecting as its victims the most healthy and robust of the population. After having wholly disappeared for many years, it again broke out in 1850. A number of cases occurred during the summer of that year, in the village of Heidlersburg, many of which proved fatal, ending in hæmorrhage or bronchial or pulmonic affections. The disease was not for some time recognized by the attendant physicians. During the winter and following spring there was a lull, but about midsummer the fever again appeared, and through the succeeding autumn and winter spread more extensively than before. Some families were nearly exterminated by its ravages. In the summer of 1851 it happened to me to treat the first case that occurred, and which recovered. I afterwards shared largely in the treatment of the disease, and had the good fortune to lose but two cases in the future course of the epidemic, a circumstance which at the time gained much credit for homœopathy. The two cases just referred to were middle-aged women, sisters. One of the two labored under organic disease of the heart, and the other had been for years an invalid, through a supposed affection of the liver.

Scarlet fever extensively prevailed in the winter of 1859–60 in a very severe form. Here again homœopathy manifested its superiority. I believe I had treated about thirty cases or upwards before I lost any, but about this point I had the misfortune to receive under my care a family of numerous children, and in circumstances of extreme poverty. Destitute of everything necessary for the proper care of the sick, I here lost two or three cases, which considerably marred my statistics.

Dysentery extensively prevailed in the summer of 1853. In this epidemic I treated about seventy cases, with the loss of one case, a promi-

nent citizen, which, by the way, made more noise than all lost by my allopathic brethren, and they were not a few. Perhaps I should in fairness state that a child of the patient just alluded to, suffering from diarrhœa, not dysentery, which I was treating about the time of the father's sickness, died suddenly of convulsions apparently brought on by a meddlesome neighbor giving it an indigestible article of food. The mother died afterwards of tuberculosis, as did most of her family.

Diphtheria has more than once prevailed somewhat extensively, and been attended with considerable mortality. Perhaps the most extensive and fatal invasion was in the autumn of 1862.

It is a remarkable fact that since the close of the civil war there has been little prevailing sickness in this county, so that the lives of physicians have been perhaps rather endangered through lack of employment and consequent lack of bread than through the toils and exposures of a laborious practice.

1877.

CLIMATOLOGY OF WESTERN PENNSYLVANIA.

BY T. MORRIS STRONG, M.D., PITTSBURG.

The western section of the State has rather a dry climate, the average rainfall being about thirty-six inches, although in the highlands of the northern counties the average is somewhat more. The fall of snow is large in the northern part, but in the south and river valleys snow melts quickly, and we have but little sleighing.

The sensible moisture of the atmosphere is not generally as great in Pennsylvania as in many other States. We are free from the fogs and excessive humidity in cold seasons of the New England coast, being more subject to the influence of the southern tide-wave as conveyed to the southern part of the State from the Atlantic; "northeast storms" not so numerous or so severe.

Our general geographical location makes us subject, in the changes of the seasons, to tropic heats and arctic colds. Lake Erie on our north; the western slope of the Alleghenies and the Ohio Valley lending their influences in these various modifications. Although violent local storms are common, yet they are less severe than farther west.

The northern border of the State has a mean temperature, with certain fluctuations due to height, of about 45°; but the northwest corner or western part of this northern belt possesses a mean annual heat of about 47° from the influence of the broad surface of Lake Erie The southern border or belt has a mean temperature of about 50°. The difference of north and south sides is about one degree to every twenty-five or thirty miles of latitude. The isothermal lines are deflected southward where they cross the mountains, and do not range due east and west across the State. The mean temperature for the summer on the western sides of the mountains is about 69°. In autumn, about 52°, and in winter 28°; a variation of 69°.

Pittsburg (Lat. 40° 32′, Long. 80° 2′ west from Washington), from its location near the western and southern portion of the State, is subject to

changes of temperature, although the tendency is towards a higher than a lower temperature. Our prevailing winds being southwest we reap the benefit of the temperature of our Southern States. While we have more cloudy, rainy, and snowy days, yet our precipitation is less than many other sections of the State. The general opinion of physicians is that while our mortality in consumption is large, it will still compare favorably with other States similarly located,—the death-rate depending more on the prevailing state of the weather than on any special local climatic influence.

We confess that we do not possess the climate we would like, for those suffering from degeneration of lungs and chronic bronchitis. Catarrhal conditions are frequent. We have no miasmatic influences. Nervous asthma appears to be benefited here. It has been noticed that we are less liable here to dysentery and diarrhœic troubles in a wet summer than in the country districts around us, but this is probably due more to the washing of filth, etc., into our rivers, leaving our streets free, than to any climatic influence. Although our city has the reputation of being dirty and smoky, yet our mortality list compares very favorably with large cities in our country. I ascribe our health in a great degree to the universal use of open fires, and the consequent ventilation thereby produced

Dr. J. J. Mechem, formerly of Titusville, now of Battle Creek, Mich., writes: "The climate of Crawford County is affected by its geographical position. Lake region on the north, Ohio Valley on the south, hilly, with narrow valleys along the stream; north or west winds in winter; cold and often severe weather with south winds; sudden thaws and heavy rains. Pretty wide range of temperature in summer. Upon the whole a rough climate; good to build up good constitutions in persons having stamina, and good to break them down in people of feeble vitality. No particular adaptation to any disease; no special tendency to produce any. Presence of petroleum, no doubt, effects local modifications, unfavorable to some temperaments, favorable to others."

Dr. E. W. Townsend, of Greensburg, Westmoreland County, says: "This section of the State is generally healthy. No local cause for disease. The drainage is good; well supplied with pure water. Rainy seasons do not produce any marked change in any class of diseases. So far as I have been able to observe, the soft coal belt has no perceptible influence. The most marked feature of this section is variableness of temperature; sudden extremes, which tend to produce and influence the different diseases in their seasons. Late in autumn and commencement of winter, catarrhal affections, influenza, etc., are very prevalent. We are not subject to epidemics."

Dr. J. J. Oatman, of Ebensburg, Cambria County, writes: "Our position (2135 feet above the sea) gives us a full share of all fresh breezes afloat; consequently we are subject to severe changes of temperature, making us liable to catarrhal affections, which make up the base of sickness during the greater portion of the year. Our warm days and cold nights, to which we are liable, always engender bowel trouble. We have frequent endemics of dysentery of a severe nature, and can almost invariably trace it to the above cause. There is less sickness in dry weather than in wet seasons. Sore throats, diphtheria, quinsy, and catarrhal sore throats are always present to a greater or less extent. Scarlatina frequent and violent. We are exempt from malarial and miasmatic influences. We have our share of tubercular diseases; phthisis pulmonaris being at the head of our mortuary list. There are more acquired cases

of that trouble here than at any other place I have any knowledge of. This is simply an outcropping of our general catarrhal affection.

"My limited opportunities of observation would lead me to infer that asthmatic troubles are better in the oil regions. One thing I am sure of, that among all our visitors from abroad, asthmatic patients are almost invariably made worse by our 'good fresh air.'

"There is no doubt we have more intestinal troubles in wet seasons than during dry ones. We have typhoid fever frequently, and I think it is more prevalent as well as more violent during a dry autumn following a dry summer, when the previous summer had been a wet one. When the waters are low and stagnant it is undoubtedly more fatal. Skin diseases are quite prevalent here, more particularly during spring and fall seasons. In our section the soil, I think, may be termed gravelly. The surface of our county is quite undulating, a goodly proportion being stony and rocky to such an extent as to render it unfit for agricultural pursuits. This deficiency is, however, atoned for to a great extent by being underlaid by immense beds or veins of bituminous coal with iron ore in abundance in many localities. The timber is principally pine, hemlock, beech, and sugar maple, with some cherry, poplar, oak, and hickory."

The oil region receives credit by most observers of being beneficial in asthmatic troubles, although discussion in our County Society developed the fact that occasionally there were cases which were not benefited thereby. The only reason assigned was the remark of a member, "that it was not homœopathic to those cases."

While sickness was apparently less prevalent in this section, yet this fact was evident, viz., that when diseases did come they were invariably very severe, and frequently fatal. Especially was this the case in diphtheria, scarlatina, and puerperal diseases.

1878.

CLIMATOLOGY OF LYCOMING AND OTHER COUNTIES.

BY H. E. REINHOLD, M.D., WILLIAMSPORT.

Lycoming.

The southern part of the county is mountainous with iron soil. The water is good, soft, and pure. Our city is furnished with some of this same mountain water; no better in the Union The winters are colder and the summers cooler than in the central part of the county. The health of the people is good; they have had sporadic cases of scarlet fever and typhoid fever, but I believe no diphtheria. They have had epidemics of measles. During the winter rheumatism and pneumonia are the prevailing diseases, but not extensively prevalent. The summers are healthy. In autumn there is an occasional case of diarrhœa or dysentery.

The northern part of the county is hilly, with limestone and some brown slate soil. Health about the same as in the southern part. In the

winter they have sometimes typhoid fever, typhoid pneumonia, and inflammatory rheumatism. In the summer and autumn some diarrhœa and dysentery. There is also catarrh and consumption, and about the same amount in the southern part.

The central part of the county is a portion of the Susquehanna Valley, bounded on the north by hills, on the south by a spur of the Bald Eagle Mountain, and the west branch of the Susquehanna River. The soil is alluvial. Portions of the valley are marshy. During summer and autumn malarial diseases predominate,—ague, intermittent, bilious remittent and, typho-malarial fevers. Many who contract ague during the summer or autumn have it during the winter and for two or three years; in fact some never get over it. In the last ten years I have seen two or three cases of pernicious intermittent fever. Diarrhœa, dysentery, cholera morbus, cholera infantum are also frequent in summer and autumn. During the winter, typhoid fever, typhus and bilious pneumonia, tonsillitis, catarrh, inflammatory rheumatism, neuralgia, scarlet fever and diphtheria. In the last ten years have had several epidemics of measles, scarlet fever, and diphtheria. Catarrh is very prevalent here, about every tenth person has it. There is also a good deal of consumption.

In September and October, 1877, we had very dry, dusty, warm weather, and warm nights. The prevailing diseases then were ague, bilious, remittent, and typho-malarial fevers There were many cases. In November, 1877, we had three or four long heavy rains, land rains, followed by high winds from the west,—here the valley runs almost due east and west,—not very cold winds but such as made cool, pleasant weather. Much less sickness in this month than in the preceding months. Those who were taken sick in September and October, convalesced rapidly in November; and those who sickened in November were not sick long nor hard, they got well easily. Average temperature in September, 1877, was 63°; in October, 1877, was $53\frac{35}{100}°$; and in November, 1877, was $41\frac{1}{10}°$.

Average in December, 1877.—The maximum temperature in this month was 58°; minimum, 17°; mean, 37.1°. Pleasant weather, more healthy than in any December of the last ten years.

January, 1878.—Maximum, 34°; minimum, 20.87°; mean, 27.82°. At 6 A.M. of the 7th inst. the thermometer was four below zero. The day before and a few days following it was at zero. Sudden changes during the month from extremely pleasant to extremely severe weather. A good deal of sickness. Many cases of colds, catarrh, tonsillitis, bronchitis, rheumatism, diphtheria, and pneumonia.

February, 1878.—In the morning of the 3d inst. the thermometer was four degrees below zero; in the morning of the 4th inst., five degrees below zero; mornings of 5th and 6th insts. at zero, and during the day arose to 44°. During the month had considerable snow, rain, sunshine, thaw, slush, mud, and sudden and extreme changes. Much more sickness this month, colds, catarrh, bronchitis, pneumonia, diphtheria, tonsillitis, and rheumatism. A large number of fatal cases of diphtheria. More deaths in this month.

March, 1878.—In this month had some very bright days, very pleasant weather and some very severe cold weather. During the middle of the month dry and dusty, after that snow, rain, slush, mud and very cold weather. More sickness and more fatality in this month than in any other.

April, 1878.—Was ushered in with severe weather. About the middle it became very warm and pleasant, for a few days after that severe weather again. Nearly as much sickness in this month as in March.

May, 1878.—Was pleasant and less sickness.

June, 1878.—Was wet and cool. More sickness than in May. A number of cases of ague among those who had never had it, and some who had it last autumn had a return of it, and have had during the summer four and five returns, also attacks during the winter and spring.

July, 1878.—Was very warm. Temperature 98° and 100° in the shade for several days. A great deal of cholera morbus, cholera infantum, diarrhœa, and dysentery. The warm weather and sickness continued until the middle of

August, 1878.—Since then the weather has been pleasant and much less sickness.

The next county west is

Clinton,

Which is similar to Lycoming in soil and boundaries. It is hilly and mountainous. The Bald Eagle and Susquehanna are in our part, and high hills opposite, which form a narrow valley, much more narrow than in Lycoming, and malarial diseases more severe and more prevalent. Last autumn it was reported that one person in three had ague or malarial poison in some form. Last winter they had tonsillitis, bronchitis, pneumonia, rheumatism, typhoid fever, and neuralgia. Catarrh is common the year through. They have had small-pox once or twice in the last ten years. Have also had epidemics of measles, scarlet fever, and diphtheria.

The next county east is

Northumberland.

Here the valley is very wide and the soil gray sand, on the hills limestone. Much less malarial disease here than in Lycoming. However the other diseases prevail. Climate same as in Lycoming.

The counties south are hilly, mountainous; iron and yellow clay soil, and healthy. Climate same as in Lycoming.

The counties north are hilly, have an altitude from one thousand to eighteen hundred feet. Climate more severe in winter and cooler in summer. Not much sickness in these regions.

One of the great health resorts of the State is Minnequa, forty miles north of Williamsport, in Bradford County. The elevation is about eighteen hundred feet. Has a rich mineral spring, with iron, magnesia, soda, potassium, lime, alumina, sulphur, carbolic acid, etc. The water tastes very strongly of sulphur.

DEPARTMENT
OF
OPHTHALMOLOGY AND OTOLOGY.

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1877.

RETINITIS PIGMENTOSA.

BY W. H. WINSLOW, M.D., PHILADELPHIA.

This is not a common affection, and therefore deserves careful investigation. In six thousand or more cases of eye disease which I have had an opportunity of studying at Will's Hospital, the Children's Hospital and elsewhere, I have seen but two cases; one congenital and far advanced in a young man of eighteen years, and the other in a woman of forty-five years, to whose history I shall soon refer.

The disease is sometimes congenital, often hereditary, and is seen occasionally in several members of the same family. Liebreich says it occurs often in children from consanguineous marriages, and accompanies deaf-mutism and deformities of the extremities. This peculiar malposition of pigment occurs as often, however, in persons of otherwise perfect development and physique in whom no trace of a constitutional cachexia can be detected. Nor is there any coexistent tendency to the formation of pigment in other localities, as in the skin and its hypertrophies, such as warts and moles.

The disease generally affects both eyes, though it has been confined to one, and is preceded by contraction of the arteries of the retina and the appearance of light dots and faint stripes in the choroid, which sometimes coalesce and form spots and patches. These begin soon to change from deposits of brown or black pigment, which commence at the periphery of the vitreous chamber and gradually extend towards the posterior pole of the eye. This deposit affects the structure of the retina and the choroid beneath, though the retina alone may be implicated; but they are so intimately associated that it is difficult for one to be diseased without the other suffering. The deposit being first at the periphery near the ora serrata of the retina, forms a sort of band of black lace around, which gradually becomes wider and extends posteriorly as the disease progresses. It is easily understood how the field of vision would diminish around its periphery, shrinking in a concentric manner, until finally the centre of the field would correspond with the region around the yellow spot, which is the last to yield to this insidious yet certain extinguisher of vision.

There is a more extensive and rapid deposit of pigment upon the nasal side of the optic disk than to the outside, which may be explained by the greater distribution of vessels in proportion to the area.

The pigment extends along the walls of the retinal vessels, constricts them and diminishes their carrying capacity; it sometimes covers them, so as to hide portions of them from view, and where trunks divide it forms irregular patches with linear prolongations. Small granules of the melanæmic matter are also scattered around irregularly. When the

disease has become extensive, the patches, connected by radiating processes, resemble the lacunæ and canaliculi of a section of bone. When the disease arises in and is mostly confined to the choroid, the pigment has not such a ragged appearance, but is in round and oval patches. Then the epithelium of the choroid may undergo atrophy, and the choroidal vessels appear running over light patches bordered by black pigment. The stroma of the choroid sometimes atrophies, the white sclerotic shines through the thinned places, and the red vessels, dark pigment and white patches give the fundus of the eye a peculiar marbled patchwork appearance. The disease has then passed beyond retinitis into choroiditis. Posterior polar cataract and opacities in the vitreous humor are occasionally seen to coexist with the disease under consideration.

In retinitis pigmentosa there has been found atrophy of the nervous elements of the retina, more entire in the baccillary layer than in the fibrous; hyperplasia of the connective tissue fibres; thickening and sclerosis of the coats of the bloodvessels; pigment in all the layers; especially along the bloodvessels; altered choroidal epithelium, and excrescences upon the elastic lamina in a condition of fatty degeneration. It is probable that these last destroy the layer of rods and cones, cause proliferation of the choroidal epithelium, and thus inaugurate the disease. These excrescences are undoubtedly the light dots seen in the early stage of the malady.

Some of the pigment in the retina is derived from infiltration. Many of the retinal vessels become much attenuated and finally obliterated by increasing deposits; the retina becomes changed and torpid from malnutrition, and finally loses its functional activity. There is a progressive loss of vision and an increasing necessity for more illumination in order to see objects.

In the night those subject to this disease can see very little, or not at all, a condition which has been denominated *hemeralopia*, and which means day-seeing, and has its opposite in *nyctalopia*. A hemeralope, however, has vision much improved by artificial light.

Another symptom is a restless movement of the eyes. This is on account of the contracted field of vision, whereby it becomes necessary to bring the central portion of the retina to bear upon or to wander over an object in order to take in outlines and rays which a normal eye or one with healthy lateral portions of the retina would embrace at once. The region of the yellow spot often retains acute vision until all around is shrouded in darkness, but the optic nerve and this portion finally undergo atrophy, and total blindness ensues.

When central vision is impaired early there is likely to be color-blindness, but otherwise not. The pupil is said by Mooren, who has seen many cases, to be contracted. In one of my cases the pupil was dilated, and this is the state one would expect to find after a consideration of the torpid retina and the action of light in regulating the movements and lumen of the iris.

The failing vision, imperfect field, restless ocular movements, hemeralopia, and the presence of light spots and streaks, or later the pigment masses, recognized only by careful ophthalmoscopic examination, render diagnosis easy. By history and symptoms it must be differentiated from simple choroiditis, disseminated syphilitic choroiditis, and apoplexia of the retina, which in appearance somewhat resembles it.

The prognosis is that of total blindness, which sooner or later supervenes, though generally between the ages of forty and fifty years.

Treatment by the old school is hygienic.

Over use of the eyes and bright lights are to be avoided. Blue glasses

are recommended in sunlight, sand, and snowglare. Leeches, Iodide of potassium, and Corrosive chloride of mercury improved and then injured some cases.

From notes taken at Will's Hospital, I present the following case:

Mrs H., æt. forty-five years, of nervous temperament, dark complexion and solid build, presented herself at the clinic, January, 1873, and complained of defective vision. No heredity could be traced. Her father and mother had died at advanced ages, preserving fair vision to the last. No consanguinuity existed between them as far as known. None of the patient's brothers or sisters had had any trouble with their eyes. The patient had no deformities, and seemed healthy and well developed. Had been married and had one child, a young lady of sixteen years, who was well developed and enjoyed excellent health.

When Mrs. H. was thirty-five years old she noticed a narrowing of her visual field; could not see things unless they were almost directly in front of her, and found it difficult to see objects after sunset, even by bright moonlight. The trouble had gone on increasing with the passage of years, but in a very gradual manner. She stated that she could not see a thing after sunset now, and ordinary illumination of a room improved vision but very little; yet by daylight she could see to thread a needle.

There was fair central vision, but contrary to rule her chromopsies were frequent and remarkable; she had distinct subjective perceptions of green, purple, and red, but no color-blindness. She recognized all colors of the prism readily.

The vision, when tested, was found to be $\frac{20}{XL}$ for each eye, and the fields for each were nearly alike in outline, and had at one foot distance seven inches vertical and six inches horizontal diameters. The correspondence in the limits of the disease struck me as a wonderful illustration of the symmetry of morbid action; more remarkable even than the lion's pelvis figured by Paget.

Ophthalmoscopic examination revealed clear and healthy lenses and humors; the optic disks had clean sharp outlines, though slightly atrophied, and the retinal arteries were diminished in calibre, while the veins were full and tortuous. All over the retina of each eye, except in the region of the yellow spots, there were brown and black granular, spider-shaped and striated masses of pigment, increasing towards the periphery, and thicker to the nasal side of the disk. The larger masses were not unlike the multipolar nerve-cells, and the arms which united them like their nerve-fibres; their outlines were, however, more irregular and feathery. Many of the arteries had deposits along their course, which often overlapped and hid them from view, and in a few places converted them into black lines. It was found that the patient had a hypermetropia of $\frac{1}{24}$, for which glasses were ordered, which enabled her to sew and read comfortably by daylight.

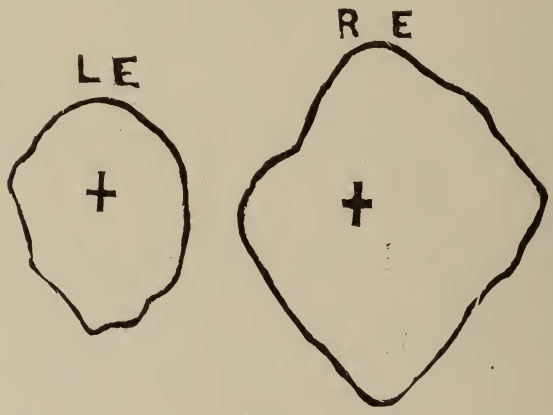
I have had the pleasure of examining this patient within a week. Her vision has failed very much during the five years almost passed since last examined. She now finds it difficult to see in a brightly lighted room, and in daylight runs against people and falls over curbstones when she goes out to walk. She can no longer thread a needle in daylight, and gropes about like one playing blind-man's buff. Her health is excellent, and she promises to live to old age. She still has chromopsies, but no color-blindness. Slate color, however, looks white, probably from her interpretation, as everything appears smoky. With her $+\frac{1}{24}$ glasses she reads well with the right eye, and poorly with the left; the letters are not clear with either.

Vision in the R. E. by types now is $\frac{20}{100}$, and in the L E. $\frac{5}{100}$. The R. E. in 1873 gave $\frac{20}{40}$. She has, therefore, lost in this eye vision equal to $\frac{6}{20}$. In the left, which was $\frac{20}{40}$, she has lost $\frac{9}{20}$. The fields of vision are also much lessened.

In the R. E. the field has a vertical diameter of 2″, and a horizontal of 1½″; a loss of 5″ in the vertical and 4½″ in the horizontal. In the L. E. the field has a vertical diameter of 1¼″ and a horizontal of about 1″; a loss of 5¾″ in the vertical and 5″ in the horizontal. To render this decrease more striking, I present the fields taken at 1′ distance. It must be considered that a normal field has diameters of about eight feet in all directions.

Ophthalmoscopic examination reveals an encroachment of the pigment upon the macula lutea. This central spot in each eye is hemmed in upon every side by the pigment-masses; the retinal arteries are much contracted, and the disks are white and anæmic. Thus the end of vision is approaching. The woman is now fifty years old, and has, therefore, passed the period at which blindness is said to supervene.

I have her now in charge, and am giving her *Thuja*, which from its action upon pigmental dermoid structures seems indicated, as the eye is partly formed from an inversion of the external lamina. This disease is an



opprobrium medicorum of the old school, but the new may yet conquer it by following the beautiful law of similars.

I append the fields of vision of the exact size, taken as usual at one foot distance from the eyes.

The diagrams illustrate the case in a clear and striking manner. The cross is the visual axis; L. E. left, and R. E. right eye.

1878.

THE ABUSE OF VISION.

BY BUSHROD W. JAMES, M.D., PHILADELPHIA.

In the human sea of vision, eyes are as varied as their capacity for the use designed them and in their appearances, as the stature and features of individuals; and yet there is a standard of normal sight, and the laws of optics are as exact as those of mechanics, or any other branch. Therefore, if nature has not given your eyes the proper refractive power, and has in other respects given you healthy eyes, you must have the defect remedied or suffer further injury to occur the more you use them, and this misuse is a serious abuse. Or if disease, or an overtaxing, or malposition in long-continued action viewing near objects, has caused a defect in the refraction, still it is an abuse not to apply the proper optical remedy to correct this error, either in the young or more advanced.

Eye-glass tramps or spectacle venders, peddling opticians and unscrupulous jewellers, who deal out glasses promiscuously without a proper scientific knowledge of their fitness, must be avoided, and an educated ophthalmic surgeon applied to, to select for you; for eye lenses are not trinkets or ornaments, but instruments of inestimable value to prevent the abuse of vision.

Neither should a physician undertake to correct optical defects, unless he has given the laws of optics and the various normal and abnormal conditions of the eye careful study and mastery; otherwise he may give his patient a glass that will tend to injure, rather than save or improve the eye. Take, for instance, a young person who is hypermetropic, and who has so taxed his eyes by long-continued reading or study without rest, that spasm of the ciliary muscle has occurred, with its attendant symptoms of weakness of vision and an apparent short-sightedness. Should the physician not be able to detect this spasm of the accommodation, he might give a glass for myopia, and thus do great injury. Every eye in which there is defective vision, or where from the symptoms present ametropia is suspected, should be examined, and the amount of visual power tested accurately, and any deficiency found, corrected; then medical treatment for any remaining symptoms can be continued if requisite.

After the selection of the proper glasses, many of the younger patients will not wear them as ordered by the oculist, and thus neglect to put them on for days, and sometimes throw them aside altogether, a very serious abuse, in the light of the scientifically applied remedy for the optical defect. Pride is generally at the bottom of this in a majority of cases, while in a few it is the result of wilfulness. Adults, knowing the importance of saving their vision, or at least suffering from weakened sight, are seldom given to such recklessness.

There is a class of individuals who, from want of means or from ignorance, do not seek the proper advice, even when they know from distress in using their eyes that there is an abnormal condition present, and these generally allow the abuse to continue so long that serious consequences that cannot be remedied often result.

Another source of eye abuse is that for which parents of children are responsible, in sending their offspring to school too early in life, thereby

overtaxing this organ when it is young and weak and unable to resist such heavy strains as are made upon it, causing a change in the normal rotundity of the globe, which will in all probability remain during lifetime.

As a general rule, children should not be sent to school before their ninth year, and then the eyes should not be taxed with hours of continuous study without rest. The position of the child when studying or reading should be carefully looked after, and made a habit with the child to look nearly straight forward at its book, and not bend the head over and look downward upon the pages. A similar habit should be taught the child to always read with a clear light striking upon its book from its side or back across the shoulder upon the matter it holds in its hand; it should also be taught never to read by twilight or in dim or flickering artificial light; and likewise never to read in a reclining or recumbent position; and when the eyes become the least wearied to give them rest for a few moments at any time when they show the least symptoms of fatigue. These practical points instilled into the minds of children, will be of more value to their eyesight during their whole existence than all the theoretical teachings you can give them in after years on the subject of eye-care. In fact, childhood is the time to build up strong and normal vision which is to resist hard usage in after years.

Parents whose eyes are predisposed to attacks of disease, or that are preternaturally weak, should be specially careful of the eyes of their offspring; and should they find that their children partake of the same difficulty, they should give them the best advantage for good sight, not only by not permitting them to overstrain the eyes while they are young, but they should select a business for them where there will not be any great amount of eye-strain during the remainder of their life.

Should parents decide otherwise and send them into the professions, or occupations where a vast amount of reading or writing or close eye application is required, they will generally be rewarded by having their children become eye-invalids or sufferers a greater part of their lifetime.

Hard students with weak eyes should change their intended occupation and select one where the eyes will not be overtaxed.

Those who read for a long time even with the very best eyesight, should occasionally rest the accommodation by throwing their eyes off of their work to some distant object for a brief period; otherwise that troublesome complaint, asthenopia, either accommodative or muscular, may clandestinely creep in upon them and dispossess them for a long time of active or prolonged work with their eyes.

Eyes that are subject to inflammation of any kind, especially to conjunctivitis, should be rested upon the first indications of weariness or pain; for should the cornea become involved, and keratitis, corneal ulceration, etc., result, the transparency of this structure may be impaired, or the healing of the ulcerations may cause abnormal corneal curvature and a dimness of vision be produced. In the first instance it may be so extensive as to obliterate useful vision, and in the latter the refraction may be so altered that glasses will not bring the vision up to a normal standard, through the irregular astigmatism that might be produced.

In conclusion, permit me to urge upon all, professional or unprofessional readers, to take the utmost interest in and care over their eyes, and instead of trying how much they can overburden them, to relieve them in every possible way, whenever occasion presents; and, upon the least failure of vision in any way, give them immediate and constant attention until the difficulty is removed.

1878.

OUR IMPERFECT EYES.

BY W. H. WINSLOW, M.D., PITTSBURG.

It is very easy to find defects in the works of man. The finest piece of mechanism and the most beautiful sculpture in marble show, upon critical examination, the marks of the tools with which they have been fabricated. In commoner products of manipulation, the evidences of bad workmanship are apparent even to the casual observer. So it has passed into a truism from constant repetition, that "perfection comes only of God."

It may seem like iconoclasm and irreligion to question the truth of this statement, but the demands for truth in this age are imperative, and no scientist permits himself to be hampered in his progress, by fear that his investigations may overthrow some theological dogma, or destroy some human conception of Divine plan.

It is with this spirit that the discoveries of momentous value are made; discoveries which, rightly interpreted and freed from misconception and doctrinal cant, do not fail to improve the moral nature of man, and to increase his veneration for Deity.

We search through the realm of matter for the masterpiece of creative power and reach the *ultima Thule* in man; so we scrutinize man's complexities, and decide that the organ of vision is the most wonderful of anatomical structures, and the perfection of mechanism.

Some time ago a daily journal stated in a paragraph: "There are very few persons in the world possessing a peculiar keenness of vision, enabling them to see certain planets with the unaided eye. People with the ordinary power of sight usually see six of the stars of the Pleiades; Kepler mentions one person who, with the naked eye, could see fourteen, and Littrow another who saw sixteen. . . . . Mr. Burnham, of Chicago, is noted for the particularly acute vision, which reveals to him double stars."

The above facts are sufficiently interesting, and evolved in the brains of their readers no doubt, the conclusion that the optic nerves were better in some eyes than in others; or were more delicately adjusted for receiving the vibrations of ether, which excites them to visual acts.

The reasons of this excess of visual power depend not upon quality in individual fibres, so much as upon the quantity and arrangement of the fibres in the retina; and more especially upon the refractive properties of the media anterior to them. The eyes are optical instruments of perfect design, but more or less imperfect construction. They rest upon cushions of fatty and connective tissue, which fill the spaces between the globes and the periosteal-lined, protecting, bony orbits. They are moved by muscles which act in harmony under control of the will, and which direct their visual axis to the point desired to be seen.

The eye is composed: of transparent refractive media; the cornea, aqueous humor; crystalline lens and capsule, and the vitreous humor in its hyaloid membrane; of the optic nerve and its retinal expansion, the choroid coat of bloodvessels and pigment, against which the rods and cones of the retina impinge; the ciliary body and iris; the ciliary nerves, vessels, and muscles; and the firm fibrous sclerotic, which with the cornea, protects and holds in proper relation the delicate tissues within.

The globe is covered in front by the conjunctiva, altered in character where it passes over the cornea, and is reflected upon the eyelids one-third of an inch from the margin of the cornea. The lids, shaped and strengthened by cartilage, and adorned by cilia, close gently over the anterior part of the globe, and soothing fluids from follicles and glands keep the delicate surface clean and glistening.

The combined effect of the refractive media of the eye should be that of a convex lens; and were the plan of the eye *exactly* followed in development, distant rays of light, or those beyond twenty feet, which are considered parallel, should be brought to a focus upon the retina; but we find upon examination the construction of the eye imperfect; great imperfection in eyes which superficially appear normal, and answer all the ordinary purposes of eyes. In fact, as disease is now said to be the normal condition of man; so we may say, imperfect construction of the eye is the rule with no known exceptions. Let us look at some of those departures from the plan, which will account for diminished acuteness of vision, particularly for diminutive and distant celestial bodies.

By refraction of the eye is understood the bending of rays of light in passing from the external rarer medium through the denser, the refractive, transparent, ocular tissues, to impinge upon the retina.

When a so-called normal eye has its accommodation or ciliary muscles relaxed, the bundle of rays of light from a distant star should be focussed exactly upon the retina.

The cornea or horny front of the globe, which the novice supposes of a dark color from the pupil and iris behind it, is theoretically considered a segment of a sphere; but in even the best eyes, the horizontal curvature generally has a radius longer than the perpendicular; so that the former is flatter than the latter; in fact, is the curve of an ellipse instead of a true circle. Usually the difference between the perpendicular and the horizontal meridians is so slight, as not to interfere with acute vision for all the avocations of life; but the horizontal curvature represents a lens of a longer focus than the perpendicular curvature, and hence, rays of light from an object would in one meridian be brought to a focus upon the retina, while in the other, they would focus either in front or behind it.

This obscures and distorts the image in some degree.

The difference between these curvatures varies considerably, even in normal eyes, and in proportion as it increases do we find diminished keenness of sight, until it may become so troublesome as to merit its name of Astigmatism, and necessitate correction by the experienced oculist.

Should the acute star-gazer's eyes be examined, we would find the difference between these curvatures either in accord with the standard or else diminished to his great advantage.

The aqueous humor between the cornea and the lens I shall not consider alone, because there are few data in ophthalmology bearing upon its refractive difference unless it is diseased, and it is usually considered in conjunction with the other media.

The crystalline lens is convex, with its greater curvature backwards, and its power of refracting or bending rays of light is *less* than that of the cornea. Its surfaces are segments of spheres, and it should focus all parallel rays of light at certain points behind and around its axis. In order to refract rays received through the cornea and aqueous humor so as to focus them sharpest upon the retina, the centre of the lens should lie in the visual axis; but it lies to the outside of this line in the ocular

axis, and in normal eyes is often tilted one way or the other. These defects in execution of the plan diminish the sharpness of vision.

Defects in the curvature of the surfaces of the lens produce the same imperfect focussing of rays as we have seen to result from differences in corneal meridians; but they are generally slight, and it is almost impossible to detect them. Sometimes the difference in curvature of the lens is directly contrary to that of the cornea, when one corrects the other, and vision is little if any affected.

The optic nerve is a bundle of nerve fibres held together by connective tissue. They are separated and spread out to form one of the layers of the retina, and are connected with the rods and cones which rest upon the pigmented vascular choroid envelope. The rods and cones are the true perceptive elements of the vibrations of ether, which constitute light.

These rods and cones have spaces between them, filled by their connective tissue matrix, which holds them in proper position and relation to other parts. They have a definite size, and may be compared to the keys of a piano, though arranged in a radiating manner outward towards the choroid. The spaces between them may be considered comparable to those between the piano keys. Now, when a ray of light from a star enters the eye it goes to a *single* cone or rod, and the vibrations pass onwards *within it alone*, because its walls are reflecting surfaces, and they cannot get out to influence other nervous elements. The vibrations reach the fibre connected with the perceptive body, and by this pass along the optic nerve to the brain, where the sensation is interpreted.

Thus a single cone or rod transmits a perfect image of a minute and far-distant object. For larger images of course several or many of these normal bodies must be impressed.

Helmholtz estimates the number of rods and cones of the human retina at 250,000. The central cones are from .0015 to .0036 of a millimeter in diameter. The excitation of a single cone produces only a single sensation. An image of an object of less diameter than a cone can be perceived by it if sufficient light enter the eye.

A small star can be seen; but two stars less than 30″ apart, appear as a single star, because the two images fall upon a single cone or rod, pass along the opticus by the same fibre, and the brain cannot separate the two impressions.

Suppose two stars are so near together, that the rays from one enter one cone, and those from the other the cone adjoining. An impression of but one star would be received by the brain, because there is no cone nor rod *between* the vibrating ones to receive and transmit vibrations from the *intervening space;* hence the brain fuses the stars into one, like a union of notes from two contiguous piano keys struck together. There are no black keys in the retina, no sharps and flats; intervening spaces must have perceptive elements as well as the objects. When we find a person with unusual keenness of vision, we may account for it in two different ways: we may suppose the cones and rods of the retina numerically increased, nearer perfect in development, and more delicately attuned to vibrations, along with the whole nervous mechanism; or we may conclude that the divine plan has been followed closely during growth and development, so that the defects which I have indicated above are reduced to the minimum.

The former explanation is an hypothesis; the latter suits the phenomena so well that it may be accepted as fact. It is true that *all* eyes are defective, but the eye which approaches nearest to perfection has the sharpest image formed upon the retina, and these are possessed by a few

persons renowned as star-gazers, and probably by others not conscious of their ocular powers.

Helmholtz, in writing of the human eye, says: "Now it is not too much to say that if an optician wanted to sell me an instrument which had all these defects, I should think myself justified in blaming his carelessness in the strongest terms."

The defects of refraction which I have enumerated are often of a degree to seriously impair vision, and yet one may not be conscious of any deficiency, because there has not been any critical comparison of the visual power with that of another, or by the mathematical tests invented by Jaeger and Snellen.

It is often amusing to see a person in an oculist's office, when requested to look at a test-card, toss the head and say with great self-confidence, "Oh, I can read that easy enough!" and then to see the chagrin sweep over the features when they can't read more than one-half what they should. *Oculos habent et non videbunt.*

The non-symmetry of curvatures and deviations in adjustment, to which I have called your attention, are frequently found excessive, or combined with myopia, hyperopia, or accommodative asthenopia. They cause a great many neuralgias and headaches and peculiar symptoms connected with the brain, often simulating grave disease, and demand a laborious and critical examination at the hands of one educated in physical and physiological optics, the use of apparatus, and practical ophthalmology.

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